

2023 MYC SAIL CAMP REGISTRATION INSTRUCTIONS

General Information: This package contains a lot of information. Please take the time to carefully read all pages.

1. Confirmation of registration and important information will be communicated via e-mail. *Please make sure your correct e-mail address is legibly printed on the Registration Form.*
2. Only **NON-MARYLAND** students must provide a copy of the student's SHOT RECORD in addition to the completed Medical Release. Maryland State Law precludes participation in the sailing school by non-Maryland students unless the shot record accompanies your registration form.
3. School starts at 9:00. School closes promptly at 4:00 p.m. Please be prompt for drop off and pick-up.
4. If someone other than the child's parent(s) will be picking up in the afternoon, written notification and authorization must be provided to the Lead Instructor.
5. There is a swim assessment the first day of class. This will take place in the pool. Please indicate to us ahead of time if swimming is a problem for your child.
6. If you are registering more than one child, please feel free to make photocopies of all forms.
7. For more information about Registration or questions, please contact Carl Treff, 410-627-3093 or email at juniorsailing@mdyc.org.

Instructions for Registration:

1. Please carefully read all attached information.
2. Complete one **Registration Form** for each child.
3. Enclose a check for a MINIMUM 50% deposit. Full payment is recommended and appreciated. Make checks payable to **MYC Junior Sail Fleet**.
4. Complete the **Medical Release Form**. Students who do not attend Maryland schools MUST provide a copy of their shot record. (Inversely, in-state students do not need shot records.) Registrations for out-of-state campers will not be processed without completed medical forms.
5. *Medications shall NOT be administered to minors by Camp personnel.* Sail Camp staff personnel do not have the required training and certification to administer medications.
6. Self-administration of medication by a camper must be approved by a parent/guardian by completing the Maryland DHMH Medication Administration Authorization Form DHMH-4758 (see below).
7. Students and parents must READ and SIGN the *Rights and Responsibilities Contract*. Violations to this contract are grounds for immediate dismissal from the program. There are no tuition refunds.
8. Keep the "What to Bring" information sheet as this contains valuable information.
9. MAIL ALL FORMS and MONIES TO: MYC Summer Sail Camp, 1500 Fairview Beach Road, Pasadena, MD 21122. Make checks payable to **MYC Junior Sail Fleet**.

MYC SAIL CAMP 2023 REGISTRATION FORM
(ONE FORM PER CHILD/PRINT CLEARLY)

Personal Information: *All fields must be completed in this section*

Student Name: _____ Age in June: _____ Weight: _____

Parent(s) Name: _____

Address: _____

Email: _____ Home # _____ Work# _____ Cell#: _____

Request participation in:

Week 1: Adventure sailing week; 8-12 yrs; **June 26-June 30** \$300 _____

Week 2: Intermediate/Advanced 9-15 yrs; **July 17-21** \$300 _____

Week 3: Adventure sailing week; 8-12 yrs; **August 7-11** \$300 _____

Total amount enclosed: _____

Does the camper have dinghy sailing experience? _____

MYC SAIL CAMP STUDENT HEALTH HISTORY, PERMISSION AND RELEASE

Child's name _____

The following information is required for a camper to be admitted to Sail Camp:

Parent or Legal Guardian: _____ Phone: _____

Additional Emergency Contact Person: _____ Phone: _____

Camper's Physician: _____ Phone: _____

HEALTH INFORMATION: Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs. For medications, indicate name, dosage, frequency taken, and reason for the medication.

Actions you authorize taken for any of these conditions/needs:

Which (if any) of these is your camper authorized to self-administer medication? _____ (complete Medication Administration Authorization Form DHMH-4758). See below.

Do you authorize MYC application of sunscreen and basic first aid (bandaids, ice, etc)? Yes ___ No ___

IMMUNIZATION INFORMATION: Month and year of camper's last tetanus/DPT shot _____

U.S. state/territory in which camper resides _____ Enrolled in MD school? _____

For campers residing outside the U.S. or U.S. territory, country of residence _____ (*attach DHMH-896 record of vaccination or immunity if needed*)

Does your camper have all age-appropriate immunizations? Yes ___ No ___

Is the camper exempt from any immunizations (e.g., on medical or religious grounds)? No ___ Yes _____
(list them and provide supporting documentation)

Parent or Legal Guardian's Signature: _____ **Date:** _____

MEDICATION ADMINISTRATION AUTHORIZATION FORM for Youth Camps in Maryland

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS)
(410) 767-8417 Toll Free 1-877-4MD-DHMH ext. 8417

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.
- An adult must bring the medication to the camp and give the medication to an adult staff member.

I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME		2. DATE OF BIRTH ____/____/____ Month Day Year		
3. CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		4. EMERGENCY MEDICATION <input type="checkbox"/> YES <i>-If yes, see Section III below.</i> <input type="checkbox"/> NO		
5. MEDICATION NAME	6. DOSE	7. ROUTE		
8. TIME/FREQUENCY OF ADMINISTRATION		9. IF PRN, FREQUENCY		
10. IF PRN, FOR WHAT SYMPTOMS				
11. KNOWN SIDE EFFECTS SPECIFIC TO CHILD				
12. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 14b below unless more restrictive dates are specified in 12a and 12b. This authorization is NOT TO EXCEED 1 YEAR.		12a. FROM ____/____/____ Month Day Year	12b. TO ____/____/____ Month Day Year	
13. PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp		
TELEPHONE	FAX			
ADDRESS				
CITY	STATE			ZIPCODE
14a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) <small>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</small>				14b. DATE

II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator/staff to administer the medication or supervise the camper in self administration if authorized as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA.

15a. PARENT/GUARDIAN SIGNATURE		15b. DATE
15c. HOME PHONE #	15d. CELL PHONE #	15e. WORK PHONE #

III. AUTHORIZATION FOR SELF ADMINISTRATION / SELF CARRY (OPTIONAL)

This section should only be completed if this medication is approved for self administration. Self carry is only permitted for emergency medications such as inhalers, insulin and epinephrine. Both the prescriber and the parent/guardian must consent to self administration below. However, youth camp operators are not required to permit self administration or self carry.

I consent that the child named above is able to self administer the medication listed. I authorize self administration of the above listed medication for the child named above under the supervision of an authorized youth camp operator/staff member. If indicated below, the child named above may self carry emergency medication.

16a. PRESCRIBER'S SIGNATURE authorizing self administration	16b. SELF CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - Not emergency medication	16c. DATE
17a. PARENT/GUARDIAN'S SIGNATURE authorizing self administration	17b. SELF CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - Not emergency medication	17c. DATE

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE IMMUNIZATION CERTIFICATE

CHILD'S NAME _____
LAST
FIRST
MI

SEX: MALE FEMALE BIRTHDATE _____ / _____ / _____

COUNTY _____ SCHOOL _____ GRADE _____

PARENT NAME _____ PHONE NO. _____
 OR
 GUARDIAN ADDRESS _____ CITY _____ ZIP _____

RECORD OF IMMUNIZATIONS (See Notes On Other Side)

Vaccines Type													
Dose #	DTP-DT _a P-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Dose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease Mo/Yr
1									1				
2									2				
3										Td Mo/Day/Yr	Tdap Mo/Day/Yr	FLU Mo/Day/Yr	Other Mo/Day/Yr
4										_____	_____	_____	_____
5										_____	_____	_____	_____

To the best of my knowledge, the vaccines listed above were administered as indicated.

Clinic / Office Name
Office Address/ Phone Number

1. _____
 Signature Title Date
(Medical provider, local health department official, school official, or child care provider only)
2. _____
 Signature Title Date
3. _____
 Signature Title Date

Lines 2 and 3 are for certification of vaccines given after the initial signature.

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

Please check the appropriate box to describe the medical contraindication.

This is a: Permanent condition OR Temporary condition until _____ / _____ / _____
Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, _____

Signed: _____ Date _____
Medical Provider / LHD Official

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: _____ Date: _____

MYC SAIL CAMP STUDENT HEALTH HISTORY, PERMISSION AND RELEASE

I hereby grant permission for my child to participate in the Maryland Yacht Club Sail Camp Program which is owned and operated by the Maryland Yacht Club Regatta, Inc. (hereinafter referred to as "the Program"). I understand that boating and accessing to and from boats involve a certain degree of risk, including injury to person and property and I acknowledge the risk of boating in general and potential risks to my child as part of his/her participation in the Program. In addition, I acknowledge and affirm that, based on my own independent knowledge, I believe that the potential benefits of the Program outweigh the potential risks and, therefore, on behalf of my child and as his/her lawful guardian, I assume the risk of such injury on behalf of my minor child. I waive any and all claims that I have or may have in the future against the Maryland Yacht Club Regatta, Inc., its officers, directors and employees, and all other persons involved in the Program, including, among others, the sailing instructors, their respective affiliates, officers, agents, employees, volunteers, directors and assigns (hereinafter referred to as "the Releasees") from any and all liability for personal injuries, losses, damages or other expenses suffered by my child or next of kin or other persons or entities in connection with my child's participation in the Program, use of the vessels and use of the property owned by the Maryland Yacht Club, Inc. and I agree to release and hold the Releasees harmless and will indemnify and reimburse the Releasees from any such liability for such personal injuries, losses, damages or other expenses. I understand that my child will be advised of the risks of sailing and will be provided proper instruction concerning safety in, on and around sailboats, docks, and waterfront areas, but I also understand that such instruction is not a guarantee of my child's safety. I hereby assume sole and full financial responsibility for and agree to hold the Releasees harmless and will indemnify and reimburse the Releasees for the claims of any other persons or entities that may suffer any personal injuries, losses, damages or other expenses, individually and collectively, which are caused by my child while participating in the Program and/or while being on or about the property owned by Maryland Yacht Club, Inc. I agree for myself and my child that all the terms of this document are binding on our heirs, next of kin, executors, administrators and assigns.

I further grant permission for my child to swim in the pool owned and operated by Maryland Yacht Club, Inc. and represent that my child has the skills necessary to safely swim in the pool. In addition, I hereby specifically represent that my child is able to safely swim in water that is deeper than the child's height and will agree to demonstrate that ability when asked to do so. However, neither the Program nor the Maryland Yacht Club, Inc. is required to independently confirm such skills but may rely on my representation of my child's requisite swimming skills. I also agree that my child must wear a personal floatation device (PFD) at all times while on the vessels in use at the Sail Camp and when walking on or about the docks or other waterfront areas. Maryland Yacht Club, Inc. reserves the right, but is not required, to refuse access to any participant to any of its facilities including but not limited to the Program, waterfront, sailing vessels, and swimming pool if any agent, servant or employee of Maryland Yacht Club, Inc. or any other person involved in the Program determines, in their sole discretion, that my child may cause harm or danger to himself/herself or to other persons or property. Also, I authorize the Program and Maryland Yacht Club, Inc. to use photographs, pictures or other representations of my child for promotional purposes.

I am the parent or lawful guardian of _____, a minor who is at least 8 years of age, with authority to act on his/her behalf and have read and understand all of the terms and conditions of this Permission Slip, Waiver Of Rights & Release. I also understand that my child is being granted a junior membership in the Maryland Yacht Club, Inc. and must obey all of its By-Laws, Rules and Regulations.

Signature of Parent or Guardian: _____ (SEAL) Date: _____

Print Name of Parent or Guardian: _____

WHAT TO BRING IMPORTANT INFORMATION, PLEASE KEEP

1. **LUNCH:** Bring a lunch and plenty of snacks for during the day. We ask that sugary snacks be limited.
2. **NO SODAS, NO SODAS, NO SODAS.** Sodas will **NOT** be permitted.
3. **WATER:** Bring water in a non-breakable **water bottle**. Extra water is also recommended. **Tip:** Bring one bottle and a second bottle that was placed in the freezer overnight.
4. **SUNSCREEN:** Students must apply sunscreen prior to class. Instructors will remind students to reapply sunscreen during lunch but are not responsible for ensuring application. Please discuss with your child the importance of applying sunscreen and where the responsibility lies.
5. **PFD:** A properly fitted U.S Coast Guard approved **life vest** is **REQUIRED**. Instructors will check all PFD's for fit the first day of sailing school. A properly fitting PFD fits the child snugly and does not inch up the chest toward the neck/head area when lifted by the shoulders. **No orange horseshoe or around-the-waist water ski types are permitted.**
6. **WATER SHOES:** Appropriate foot protection must be worn at all times, both in and out of the water. Closed toed, around the back, secure footwear is advisable. *No flip flops please.*
7. **SUGGESTED ITEMS:** Hat w/brim , sunglasses w/floating lanyard attached, beach towel.
8. Wearing a bathing suit is recommended as there will be a pool break each day at lunchtime. A change of clothes is recommended.
9. Both ladies and gentlemen are expected to wear t-shirts once they are off the water.
10. Classes start promptly at 9:00AM. Students are not to arrive prior to 8:30AM.
11. Class ends at 4:00 p.m. Class is not considered over until **all** boats and equipment are properly stowed. Students are responsible for assisting with getting boats in and out of the water and may NOT leave class until boats and equipment are stowed.
12. If your child will be leaving with someone other than a parent, please provide the Sailing School Director **written authorization** in the morning when you drop your child off.
13. In the event of inclement weather, classes will be held in the clubhouse.
14. There are NO make up classes.

MYC SAIL CAMP
CLASS RIGHTS AND RESPONSIBILITIES CONTRACT

The following rights and responsibilities will be strictly adhered to. We will not tolerate behavior resulting in unhappy or unsafe conditions. The consequences for behavioral infractions are as follows:

If the infraction is serious, the student will be immediately dismissed from the program.

If the infraction is minor, the student's parents will be called to come immediately pick up the child.

If minor infractions are repeated, the student will be dismissed from the program.

THERE ARE NO TUITION REFUNDS FOR STUDENTS WHO ARE DISMISSED FROM THE PROGRAM.

1. **A US Coast Guard approved life jacket will be worn at all times on the water and the pier.**
2. All students shall remain on Club grounds during class hours.
3. Parents must provide written authorization for changes in who is picking up child.
4. No intentional capsizing (unless directed by instructor) or jumping from boats.
5. All students must help launch and put away boats and equipment.
6. Children may not leave class and class is not considered over until all boats/equipment are stowed.
7. All students must treat each other, the instructors, the boats, equipment, buildings and grounds with respect.
8. All students have the right to enjoy themselves and learn in a safe sailing class experience. No student may infringe on another student's rights or in anyway compromise the quality of another student's experience.
9. Students must wear shoes AT ALL TIMES during class.
10. Students must wear t-shirts at all times when off the water.
11. Students should wear clothing that can get wet. Bathing suits are recommended.
12. It is the student's responsibility to come prepared with all items required for sailing school (See "What to Bring".)
13. Each student is responsible for his or her own equipment. Students may not use or borrow something that does not belong to them.
14. All **personal items** should be labeled with a permanent marker.
15. There will be no jumping into the water from the dock or seawall at any time. There will be **no swimming** from the beach area without the permission of the Head Instructor. Students are instructed to stay off of the rip rap bordering the beach area.
16. Students are NOT allowed on the pier without the express permission of the Head Instructor.
17. Students are not allowed in the pool area without a Sail Camp instructor present.
18. Students will enter the clubhouse only as directed by the instructors. The clubhouse is NOT a play area.

We have read and discussed the rules, responsibilities, consequences and requirements outlined above with _____, and we/he/she have agreed to the above and to cooperate fully.

Parent Signature

Student Signature

_____ (Date)