

# 2019 LEARN TO SAIL

## SUMMER REGISTRATION FORM



# YOUTH SAILING VIRGINIA

**PLEASE FILL OUT ONE REGISTRATION FORM PER CHILD**

**Today's Date:** \_\_\_/\_\_\_/2019

Sailor's Name: \_\_\_\_\_ Name Sailor is called: \_\_\_\_\_  
 (Last) (First) (Middle)

Sailor's Address: \_\_\_\_\_  
 (Street) City/State/Zip Code

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: MALE FEMALE (please circle one)

Shirt Size (youth): Small Medium Large X-Large (please circle one) *(For lifejacket sizing only)*

2018 – 2019 Grade Level (5<sup>th</sup> – 8<sup>th</sup>): \_\_\_\_\_ School: \_\_\_\_\_

### **SWIMMING REQUIREMENTS**

For safety reasons, sailors must be able to meet the American Red Cross and US Sailing swimming standards swimming, which includes;

1. Swim at least 25 yards unassisted.
2. Tread water or float for three minutes unassisted while wearing a life jacket, sailing clothes and shoes
3. Demonstrate a comfort level while in the water

### **SESSION REGISTRATION**

**Please mark "X" in the "SELECT" column to pick a SESSION.**

Monday-Friday	Session #	1/2 Day	SELECT	Monday-Friday	Session #	1/2 Day	SELECT
DATES	#	TIME	X	DATES	#	TIME	X
JUNE 17-JUNE 28	1	8:30-12:00		JULY 22- AUG 02	5	8:30-12:00	
JUNE 17-JUNE 28	2	1:00- 4:30		JULY 22- AUG 02	6	1:00- 4:30	
JULY 08-JULY 19	3	8:30-12:00		AUG 05- AUG 16	7	8:30-12:00	
JULY 08-JULY 19	4	1:00- 4:30		AUG 05- AUG 16	8	1:00- 4:30	

We will do our best to accommodate your session choice and will verify your request upon receipt of your registration.

### **PARENT CONTACT INFORMATION**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **PAYMENT INFORMATION**

**COST PER SESSION: \$250.00**

Pay on line? Log on to our web site at:

[www.youthsailingva.org/learn-to-sail](http://www.youthsailingva.org/learn-to-sail)

Pay by Check? Mail check to:

Youth Sailing Virginia, Inc.

ATTN Learn to Sail

P.O. Box 3386

Hampton, VA 23663

*For Scholarship information please contact – Rose Hobart, Learn to Sail, 757-602-0200*

***Please complete the information on page 2***

PLEASE DO NOT MARK IN THIS SECTION. OFFICE USE ONLY

Date reservations accepted: \_\_\_\_\_

By (Staff's initials): \_\_\_\_\_

Method of Payment and Date: \_\_\_\_\_

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### REFUND POLICY

To receive a full refund, written notification **MUST** be submitted at least two weeks prior to the session start date. Cancellations within 5 – 13 days prior to the program will receive a partial refund of 50% of the total cost. Cancellations 0-4 days prior to the program will **NOT** receive a refund. If you need to transfer your child's session, please contact us and we will do our best, but cannot guarantee, to find space in another session. To change any reservation please email: [learntosail@youthsailingva.org](mailto:learntosail@youthsailingva.org). No other refunds will be issued and we are not able to reschedule missed days.

Please Initial \_\_\_\_\_

### PHOTOS, AUDIO AND VIDEO RECORDINGS

By participating in **Learn-to-Sail Summer Camp** all students/sailors automatically grant to Youth Sailing Virginia (YSV) and their sponsors the right, in perpetuity, to make, use and show, at their discretion, any photography, audio and video recordings of them made during on-shore and on-water activities from the time of their arrival, until their final departure, without compensation. Youth Sailing Virginia agrees to give credit/recognition to any provider of photos and recordings when possible. These photos and recordings may be used in a variety of materials including but not limited to all marketing and communications.

Please Initial \_\_\_\_\_

### WHAT HAPPENS NEXT?

Once your registration is received, we will contact you to confirm the session date and time and will send you a request for some additional information, which will need to be returned the week before the first day of the session.

We look forward to having your sailor be a part of Youth Sailing Virginia's Learn to Sail Program!

### PARENT AUTHORIZATION

To the best of my knowledge the above information is correct and approved by:

(PRINT) Parent/Guardian Name: \_\_\_\_\_

(SIGNATURE) Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please sign and date above and return this completed registration form to Youth Sailing Virginia.**

#### **By Mail**

Youth Sailing Virginia, Inc.  
ATTN Learn to Sail  
P.O. Box 3386  
Hampton, VA 23663

#### **By email:**

[learntosail@youthsailingva.org](mailto:learntosail@youthsailingva.org)