

# YAP Registration Summer 2011

**DEADLINE is April 8, 2011 a late fee of \$100/child will be added**

Applications postmarked AFTER April 8, 2011 will be placed on a wait list

**One application per family.** Additional information available at [www.ycsh.org](http://www.ycsh.org)

Complete registration, medical form and liability release. Return to:

Yacht Club of Stone Harbor, 9001 Sunset Dr., Stone Harbor, NJ 08247

Questions? Please call 609-368-1201 Fax:609-368-0980

**Session 1 - June 27 - July 21**  
**Session 2 - July 25 - August 12**

Family Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Winter Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Summer Address \_\_\_\_\_

City \_\_\_\_\_

Winter Phone \_\_\_\_\_ Summer Phone \_\_\_\_\_

Cell # \_\_\_\_\_ Email address \_\_\_\_\_

Name	Session 1	Session 2	Age by June 27, 2011	Class Name * (see separate sheet for descriptions)	Cost
For private boats only - rack rental fee					
Club Sailboat Fee** (\$195/child per session)					
Meal plan \$ _____ x _____ (# of children)					
<b>Late Registration \$100/child after April 8, 2011 postmark</b>					
Total					

\***CLASS NAME:** All students that participated in YAP 2010 were evaluated at the end of the summer. Please enter the class to the best of your knowledge and we will cross check it with the instructors recommendations.

\*\* **YCSH Boat Rental Fee:** If using a YCSH boat, there is a \$195 fee per sailor, per session. This fee will be waived for one session, if this is the child's first time in a new boat class. Availability based on first come, first served.

<p><b>T-Shirt Size</b> One shirt per camper. Please indicate <u>quantity</u> next to size.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50px;">Youth S</td></tr> <tr><td>Youth M</td></tr> <tr><td>Youth L</td></tr> <tr><td>Youth XL</td></tr> <tr><td>Adult S</td></tr> </table>	Youth S	Youth M	Youth L	Youth XL	Adult S	<p><b>Orientation (Mandatory)</b> Session 1- 9am, Monday, June 27 Session 2 - 9am, Monday, July 25</p> <hr/> <p><b>YAP Pack</b> All registrants will receive a YAP Pack which will include a soft backpack, YAP t-shirt, class schedule, &amp; activities calendar. These will be distributed at orientation.</p>
Youth S						
Youth M						
Youth L						
Youth XL						
Adult S						

**Payment Method**

Check payable to YCSH \$ \_\_\_\_\_

Full payment must accompany application by 4/8/11 or your application will not be reviewed.

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**Class Lists**  
All class lists will be emailed by June 23rd. If you wish to have your child in a class with another child, PLEASE indicate below which children you would like together.  
**Requests after 4/8/11 will not be honored.**

**IMPORTANT:** If you would like to request to have another child in the same class as your child, please do here. NO REQUESTS AFTER April 8th.

# YCSH Medical Form

ONE FORM PER CHILD

**Childs Name**

**Gender**

**Birthdate**

(One form per child)

**Height**

**Weight**

LOCAL Emergency Name & Phone #

LOCAL Emergency Name & Phone #

Child(ren)s Physician

Phone#

Health Insurance Carrier

Policy #

Group #

Insurance Phone #

Subscribers Name

## Allergies:

FOOD: Yes/No If yes, please explain treatment options:

MEDICINE: Yes/No If yes, please explain treatment options:

INSECTS: Yes/No If yes, please explain treatment options:

PLANTS: Yes/No If yes, please explain treatment options:

## General Information:

ADD/ADHD Yes/No

Convulsions/seizures

Yes/No

Diabetes/hypoglycemia

Yes/No

Hemophilia Yes/No

Asthma

Yes/No

Heart Trouble

Yes/No

Bee Sting Allergy Yes/No

Anxieties/fears

Yes/No

EpiPen

Yes/No

Epilepsy Yes/No

Major operations

Yes/No

Other

Explain any "YES"

List any medications your child will be taking during the summer

Are there any activity restrictions?

Eyeglasses Yes/No

Contacts

Yes/No

Hearing Problems

Yes/No

The information provided is correct and accurate to the best of my knowledge. I give permission for full participation in YCSH YAP, subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact me. In the event that I can not be reached, I hereby give my permission to the licensed health-care practitioner selected by the Director or designee to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Signature of Parent/Guardian

Date

YACHT CLUB OF STONE HARBOR  
RELEASE OF LIABILITY  
Summer 2011

Child's Name \_\_\_\_\_

**This release must be signed by the applicant, and if said applicant is less than eighteen years of age, also by parent(s) or guardian(s).**

The undersigned applicant and/or his or her parent(s) or guardian(s) hereby agree to abide by the rules, regulations and instructions of the Yacht Club of Stone Harbor, its officers, Trustees and employees or representatives with respect to the conduct of classes, club property and facilities employed therein. Said applicant and his or her parent(s) or guardian(s) do hereby discharge and release the Yacht Club of Stone Harbor, its officers, trustees, employees, members and representatives of all liability, claims, demands and causes of action whatsoever, which said applicants and his or her parent(s) or guardian(s) has, have or may hereafter have out of or resulting from said classes or any part thereof, or in connection with any boat, dock, bulkhead, building, car or other equipment, or facility provided, classes or used in conjunction with said classes and groups, whether or not same may be owned, or controlled by them or any of their representatives. Said applicant, and his or her parent(s) or guardian(s) assume all risks of any injury or damage to person or property whether caused by negligence or otherwise, and agrees that no other agreement or representation, oral or written, shall in any way effect this release. If you use somebody else's boat and damage does occur, it is your responsibility to pay for the damage.

By executing this agreement, we agree that our child named in this agreement may be photographed and we release Yacht Club of Stone Harbor from any and all liability associated with such photography.

APPLICANT \_\_\_\_\_  
PARENT(S)/GUARDIAN(S) \_\_\_\_\_  
DATE \_\_\_\_\_