

**NARRASKETUCK YACHT CLUB**  
**JUNIOR TRAINING STATEMENT OF UNDERSTANDING 2018**

The basic sailing course you are about to begin is an exciting and demanding challenge, but you need to be aware of what will be involved in the course and be willing to study and practice to achieve success.

\*A swim test is required of all students, which consists of swimming 50 yards in the waters of the area you will be sailing in, in sailing clothing, including shoes.

\*The attached medical information form and this statement of understanding must be completed and signed by your parents and returned by the first day of class. If not received by them, you will not be allowed to participate.

\*You will be required to provide your own personal floatation device (PFD) which must be Coast Guard approved, the proper size for your weight and build, and form-fitting and comfortable, as you will be wearing it at all times, both in the boats and on the docks and piers.

\*Bring a change of clothes, snack, drink, and a towel to each session.

\*There is no swimming allowed from the club docks.

\*Please arrive on time and be ready to sail. Please wait quietly for class to begin.

\*After your class is finished, please wait quietly for your parents to pick you up. The instructors only have this full break during the day and they need to relax and have lunch.

\*Students are welcome to attend Wednesday night races at Narrasketuck from 5:30 p.m. until approximately 8:30 p.m. A quick dinner will be served to students around 5:30 **for those participating**. These events are weather permitting. Please check with the instructors if the weather is doubtful for the evening.

\*We encourage all sailors to participate in the Narrasketuck Junior invitational Regatta to be held on Friday, August 10<sup>th</sup>. All Narrasketuck Junior Sailors are invited to attend. This is a premier event for junior sailors from all over the Great South Bay. Please let an instructor know if you will be attending.

The Club provides training boats. Program fees include junior membership in Narrasketuck Yacht Club and US Sailing membership for one year.

***I understand that in entering this sailing course, I agree to obey all program rules as set forth by the program director and the instructors, I will use care when on the boats and in the boats and take care of the boats and equipment. I will not engage in any horseplay or other disruptive behavior. I understand that failure to attend regularly, arrive promptly and abide by the rules may result in my suspension from the program.***

Student Name (print) \_\_\_\_\_

Student Signature \_\_\_\_\_

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Student Name (print) \_\_\_\_\_

Student Signature \_\_\_\_\_

# NARRASKETUCK YACHT CLUB

## Junior Sailing Medical Form

Please print legibly and fill out one form for each sailor

### STUDENT INFORMATION

Student first and last name \_\_\_\_\_

Birth Date \_\_\_\_\_

Sex (circle)

F / M

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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### PARENT/GUARDIAN INFORMATION

#### EMERGENCY CONTACT #1

First Name and Last Name \_\_\_\_\_

#### Relationship

—

Mother

work phone \_\_\_\_\_

—

Father

—

Guardian/other

Cell phone \_\_\_\_\_

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### PARENT/GUARDIAN INFORMATION

#### EMERGENCY CONTACT #2

First Name and Last Name \_\_\_\_\_

#### Relationship

—

Mother

work phone \_\_\_\_\_

—

Father

—

Guardian/other

Cell phone \_\_\_\_\_

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### MEDICAL INFORMATION

Physician Name \_\_\_\_\_

Insurance Company \_\_\_\_\_

Physician Phone \_\_\_\_\_

Policy/member number \_\_\_\_\_

Policy Owner's Name \_\_\_\_\_

Group number \_\_\_\_\_

Chronic illness, medical conditions (please list, or write none) \_\_\_\_\_

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Allergies (please list, or write none) \_\_\_\_\_

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Medications (please list, or write none) \_\_\_\_\_

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I hereby authorize an instructor from my Narrasketuck Yacht Club, or an adult who bears this document, to authorize emergency treatment for the Junior Sailor named above in the event that a parent or legal guardian cannot be reached at the above telephone numbers at the time of the emergency.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date