



Carolina Sailing Foundation Junior Sailing

2009 Opti Sailing Camp Registration Form

NEW LOCATION ADDED!!!

Sailing camps will now be held at Lake Crabtree and Lake Wheeler!

Regardless of location, all Opti Sailing Camps are Monday through Thursday and cost \$120 per participant per session. Sailors must be at least eight years old to participate.

Sailor Information: *(Please print clearly.)*

Participant's Name: _____	Date of Birth: _____
Parent/Guardian's Name: _____	Age: _____
Parent/Guardian's Address: _____	Zip Code: _____
Parent/Guardian's Email: _____	City: _____
Emergency Contact: _____	Parent Phone: _____
Health Insurance Company: _____	Emergency Phone: _____
Name of Policy Holder: _____	Policy Number: _____

Will your participant bring an Opti for the class? _____ Yes _____ No, will use a CSF boat

Select camp location and dates:

Lake Crabtree Opti Camps

Dates	Opti Camp	Morning (8:30 - 12:30) Lake Crabtree	Afternoon (12:30 - 4:30) Lake Crabtree	Session Total
June 8 - 11	Beginner			
June 22 - 25	Intermediate			
July 13 - 16	Beginner			
July 20 - 23	Intro to Race			
Aug 10 - 13	Intermediate			



Lake Wheeler Opti Camps

Dates	Opti Camp	Morning (8:00 - 12:00) Lake Wheeler	Afternoon (12:30 - 4:30) Lake Wheeler	Session Total
June 15 - 18	Beginner			
June 29 - July 2	Intermediate			
July 6 - 9	Beginner			
July 27 - 30	Beginner			
Aug 3 - 6	Intermediate			
Aug 17 - 20	Beginner			



Continue to next page for camp session totals and payment information. →



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Complete Opti Camp Registration Totals and Payment:

Lake Crabtree	Total Sessions	_____
Lake Wheeler	Total Sessions	_____
\$120/session	Camp Session Totals	_____
	Add a CSF Donation	_____
(Camp + Donation)	Payment Totals	_____

Consider a CSF Donation

CSF is currently engaged in an aggressive \$10,000 fundraising campaign. Donations will be used for new boats, repairs, equipment and regatta support. Consider a tax-deductible donation today!

Note: Camp session fees are not tax-deductible, only donations.

Parent/Guardian
Signature and Date: _____

Registration Check List:

NOTE: All completed forms and payment are required to secure a camp registration.

- Opti Camp Registration Form
- Liability Release Form (CSF and Wake County)
- CSF Medical Form
- Payment

Behavior Policy

Appropriate, respectful behavior is expected from each camp participant. Instructors will model appropriate behavior, establish limits and set expectations for students, and praise and encourage full participation. Inappropriate behavior will be immediately addressed and repeat offenses will not be tolerated. If a participant is disruptive, places himself/herself or others in danger or repeatedly causes trouble, a parent or guardian will be asked to pick up the student. For severe offenses, such as, but not limited to fighting, theft, vandalism, possession of weapons or drugs and sexual misconduct, participants will be immediately dismissed for the entire camp session. No refund will be give for inappropriate behavior.

Payment:

Checks should be made to the Carolina Sailing Foundation. Send check and all forms to:

Carolina Sailing Foundation
Attn: Opti Sailing Camp Registration
c/o John Norton
1610 Skye Dr.
Chapel Hill, NC 27516-9017

Questions:

Additional camp and sailing information is available at www.carolinasailingfoundaiton.org. Specific questions may be directed to Jay Smith at 919-522-4531 or jaysmith.csf@gmail.com.

Additional Camp Information:

Lake Crabtree County Park Main Line: 919-460-3390
Colleen Bockhahn, Lake Crabtree Assistant Park Manager: 919-460-2723

Lake Wheeler City of Raleigh Park Office: 919-662-5704
Chris Murray, Lake Wheeler Park Manager: 919-662-5704
Bart Streb, Lake Wheeler Sailing Contact: 919-971-0177

Continue to next page for liability and medical forms. —————>

The Carolina Sailing Foundation is a non-profit 501(c)3 organization promoting sailing and sailboat racing in Central North Carolina.

2009 Carolina Sailing Foundation Opti Sailing Camp Liability Release Form

I am fully aware of the risks and hazards associated with participation in the activities of the Carolina Sailing Foundation. I understand that I am solely responsible for the arrival and departure of my child at the beginning and end of each scheduled program.

My child is in good health and I know of no reason why he/she would be incapable of participating I the Program activities. My child knows how to swim. I have provided an approved PFD for my child and he/she has agreed to wear at all times while participating in on the water portions of the Program.

I hereby elect voluntarily for my child to participate in sailing instruction and fully acknowledge that the activity may be hazardous to me, my child and property. I am aware that the Program activities may potentially hazardous conditions that may include among other things, strong winds and high waves, unexpected immersion and collision with other watercraft.

I acknowledge that I assume all risks while my child participates in the activities of the Carolina Sailing Foundation (Foundation). In particular, the decision to participation any event considering, but not limited to, the location, time, weather conditions, and availability and use of safety equipment, including life vests are mine and I assume complete responsibility for them. In exchange for the privilege of my child’s Foundation participation, I hereby release any claim I may have against Foundation, its officers, directors, and agents for personal injury or property damage arising from my child’s participation in Foundation activities and agree to hold Foundation harmless from said claims.

Name of Participant _____ Date _____

Parent/Guardian Signature _____

Wake County Parent/Guardian Release and Indemnity Agreements

I acknowledge every effort will be made to contact parents/guardians in the case of a medical emergency. If I cannot be reached, I authorize Wake County Parks and Recreation Program Staff to seek appropriate medical (physician, dentist, nurse, etc.) care for the above participant. I understand that only those medications, which are medically necessary and cannot be scheduled outside the hours of the Recreation Program will be given during the program. I give permission for my child to be transported in vehicles provided by Wake County.

Pictures may be taken of my child while participating in Wake County activities and may be used for program publicity.

Whereas, the undersigned has requested the use of services, equipment, or facilities belonging to or under the auspices of Wake County, North Carolina, and to engage in activities for the executive benefit of the undersigned; and

Whereas, Wake County does not wish to be liable for any damages arising from personal injury or property damage sustained thereby.

Now, Therefore, in consideration of the mutual promises and other good and valuable consideration, the undersigned does hereby for himself, his heirs, executor, employers, successors or administrator, and personal representatives:

- A. Assume full responsibility for any personal injury or any damage to his/her personal property which may occur directly or indirectly in the course.
- B. Fully and forever release and discharge Wake County, its agents, officials, and employees, from any and all claims, demands, damages, right or action, or causes of action, present or future, whether the same be known, an anticipated or unanticipated, resulting from or arising out of the above described activity.
- C. Agree that it is the intent of the undersigned that this release and indemnity agreement shall be in full force and effect any time after the execution hereof.

Name of Participant _____

Dated in Wake County, NC: Date _____

Parent/Guardian Signature _____

Carolina Sailing Foundation Medical Information Form (To be completed by parent/guardian)

Check "yes" or "no" for the conditions below.

Condition	Yes	No	Condition	Yes	No
Heart Disease/Defect			Seizures/Epilepsy		
Diabetes			Concussion or Head Injury		
Absence of Vision			Major Surgery or Illness		
Heat Stroke/Exhaustion			Impaired Motor Activity		
Asthma			Fainting		
Back or Joint Problems			Contagious Disease		
Emotional Problems			Behavior Problems		
Sprains, Fractures, Dislocations			Motion Sickness		
Hearing Loss			Eyeglass/Contacts		
Other Condition					

Other condition: _____
 Type: _____
 Symptoms: _____
 Frequency: _____
 Trigger Mechanism: _____
 History of Occurrence: _____

Please provide details for any condition checked "yes." Use additional pages if necessary.

Allergies:

Condition	Yes	No	Condition	Yes	No
Medicine			Food		
Insects			Plants		

Please detail allergy specifics, triggers and treatment: _____

Are immunizations current? ____ Yes ____ No Date of last tetanus shot _____

Daily Medications:

Please print medication name, reason, amount, date prescribed and number of times/day.

Restrictions:

Comments:

Please contact the CSF Opti Program Director with questions regarding any program activities at 919-522-4531. By signing below, I am acknowledging that my child is physically capable of participating in these activities and the information that I have completed above is correct.

Parent/Guardian Signature _____ Date _____