



# Saint Croix Sailing School Application

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

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

Email \_\_\_\_\_

School Attending \_\_\_\_\_ Grade Completed (as of 6/2011) \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Address (if different from student address) \_\_\_\_\_ Day Phone \_\_\_\_\_ Mobile or Evening Phone \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Address (if different from student address) \_\_\_\_\_ Day Phone \_\_\_\_\_ Mobile or Evening Phone \_\_\_\_\_

Emergency Contact/Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Has the student taken previous SCSS classes?  YES  NO If so, which one(s)? \_\_\_\_\_

Is the student working towards a US SAILING certification?  YES  NO Which one? \_\_\_\_\_ For more info visit [www.saintcroixsailingschool.org](http://www.saintcroixsailingschool.org)

Is the student interested in racing?  YES  NO For more info visit [www.saintcroixsailingschool.org](http://www.saintcroixsailingschool.org) and [www.youthsailing.org](http://www.youthsailing.org)

Explain student's special needs or requirements if any: \_\_\_\_\_

Student's prior sailing experience: \_\_\_\_\_

How did you hear about Saint Croix Sailing School? \_\_\_\_\_

## 2011 Schedule

All classes run Mon. – Fri., 9:00AM – 3:30 PM

Session 1 6/13 – 6/17 \$225	Session 2 6/20 – 6/24 \$225	*Race Clinic 6/27 – 7/8 \$425	Session 3 7/11 – 7/15 \$225	Session 4 7/18 – 7/22 \$225	Session 5 7/25 – 7/29 \$225	Session 6 8/1 – 8/5 \$225	Session 7 8/8 – 8/12 \$225	Session 8 8/15 – 8/19 \$225
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We reserve the right to place students in the most appropriate boat type and class level.

\*The SCSS River Run Regatta will be held Friday, July 8th, 2011

### Registration:

\*\*We offer a discount when registering for multiple weeks; \$200 for the second week and \$175 for any additional weeks.

Session # \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Session # \_\_\_\_\_ \*\*Fee: \$ \_\_\_\_\_

Session # \_\_\_\_\_ \*\*Fee: \$ \_\_\_\_\_

Total Fees: \$ \_\_\_\_\_

Optional Contribution to Boat Equipment Fund: \$ \_\_\_\_\_

Optional Contribution to Scholarship Fund: \$ \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_

Please see waiver at [www.saintcroixsailingschool.org/registration](http://www.saintcroixsailingschool.org/registration) and sign below that you have read and agree to the terms of the waiver.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please complete this application for each student and mail with payment to:

SCSS Inc., PO BOX 732, Hudson, WI 54016



# Saint Croix Sailing School

## REQUIRED WAIVER AND EMERGENCY TREATMENT AUTHORIZATION FORM

### EMERGENCY TREATMENT AUTHORIZATION

I/We the undersigned parent, parents, or legal guardian of a minor, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the Dental Practice Act and on the staff of any acute general hospital from the States of Minnesota or Wisconsin Departments of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

### RELEASE

The undersigned parent/guardian recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to induce the Saint Croix Sailing School to accept his/her child into the Saint Croix Sailing School, the undersigned parent/guardian covenants and agrees to hold harmless and indemnify the Saint Croix Sailing School, its officers, directors, employees, and agents from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury to a person or damage to any property arising out of or in any way connected with the operation of the Saint Croix Sailing School or any activities on or the use of any facilities or equipment of the Saint Croix Sailing School.

### CERTIFICATION OF SWIMMING SKILLS

I/We the undersigned parent, parents, or legal guardian, do hereby certify the child enrolled can swim unaided for 50 yards and tread water for one minute. All students will be required to pass a swimming test with life jacket on.

### PARENTAL AGREEMENT

I/We understand that I/we are responsible for our child's or grandchild's behavior and conduct while at the Saint Croix Sailing School and will see to it that our child adheres to the program rules. I/We agree to assume the obligation for expenses of repair and/or replacement of program equipment that is attributed to our child's reckless or irresponsible behavior and the expense of medical care if your child is injured. I/We agree to make an appointment for a parent/instructor conference if requested.