



As winter continues on, we are looking forward to warm sunny days sailing on the lake. Hopefully those days will be here soon.

**March 1, 2020:** Sailing Registration opens for all Club members. Please fill out the forms and send them in with payment by April 1<sup>st</sup> for a 10% discount. Send the three forms (registration, authorization to treat, and medical form) and payment to: Wendy Johnson, 511 Prince Hinckley Road, Centerville, MA 02632. Forms are available on our website [wlyc.com](http://wlyc.com).

**April 15, 2020:** Sailing Registration opens for non-Club members. There will be a limit on the number of students in each class due to boats, staffing, and safety, so don't miss out. Registrations received after April 1<sup>st</sup> will be considered on a first-come first-served basis, so be sure to get signed up early!

**Fees and Schedule\***

| <i>Class</i>          | <i>Members</i> | <i>Member Discount (before 4/1/20)</i> | <i>Non-Member s</i> | <i>Schedule</i>   |
|-----------------------|----------------|--|---------------------|---|
| <i>Scallywags</i>     | \$175          | \$157                                  | \$250               | Tuesday, Thursday 9-10:30 a.m.                                |
| <i>Buccaneers</i>     | \$175          | \$157                                  | \$250               | Tuesday, Thursday 10:45-12:15                                 |
| <i>Beginners</i>      | \$425          | \$382                                  | \$625               | Monday, Wednesday, Friday 9 -noon                             |
| <i>Intermediate 1</i> | \$425          | \$382                                  | \$625               | Tuesday, Thursday 9-noon, and Friday 1-4 p.m.                 |
| <i>Intermediate 2</i> | \$425          | \$382                                  | \$625               | Tuesday, Thursday 9-noon, and Wednesday 1-4 p.m.              |
| <i>420 Race Team</i>  | \$425          | \$382                                  | \$625               | Monday through Wednesday 1-4 p.m.                             |
| <i>Sailboat Fee</i>   | \$100          |  | \$100               | <b>If you do not own a sailboat, please include this fee.</b> |

\*Multiple child discounts: Take 10% for a second child and 15% off for a third child.

**Class Descriptions:**

**Scallywags:** A class for sailors ages 6 to 8, who are comfortable swimming in deep water without a life jacket. This course is an introduction to sailing where students will learn boats parts, points of sail, rigging, knots, and will be sailing very close to shore.

**Buccaneers:** Sailors that have successfully completed Scallywags and are comfortable sailing a boat (ages 7-8).. We will build on their confidence and ability to sail a boat on their own.

**Beginners:** Sailors age 8 or older, who have not sailed before or have very limited sailing experience. Students will learn boat parts, points of sail, rigging, knots, and all aspects of on the water sailing.

**Intermediates:** Sailors age 8 or older, who are comfortable sailing in a boat on his/her own. They will continue to fine tune their skills and begin to learn aspects of racing.

**Intermediates 2** For sailors that are comfortable sailing an Opti by themselves and want to begin to race. We will work on learning about starts, the rules of sailing, and how to sail a race. Sailors in the class are encouraged to sail local regattas.

**420 Race Team:** Experienced sailors who would like to continue to learn more about racing. The race team will be sailing against various local yacht clubs and attend local regattas.

*If you are not sure which class in to place your child in, please email Wendy at [wlejva@aol.com](mailto:wlejva@aol.com).*



Wequaquet Lake Yacht Club  
**SAILING**

**2020 SAILING PROGRAM REGISTRATION**

I hereby apply for acceptance in the Wequaquet Lake Yacht Club Sailing Program and agree that I will abide by the By-Laws and Rules of the Sailing Program and Wequaquet Lake Yacht Club.

|                      |               |                  |
|----------------------|---------------|------------------|
| <b>Parent Names:</b> |               |                  |
| <b>Address:</b>      |               |                  |
| <b>City/Town:</b>    | <b>State:</b> | <b>Zip Code:</b> |
| <b>Phone:</b>        |               |                  |

Briefly describe the participant's sailing experience indicating number of weeks of formal training and what class they were enrolled in last summer.

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- I own a Sunfish / Optimist and will not need to use the club fleet. (please circle which boat you own.)
- I do not own a Sunfish / Optimist and will need to use the club fleet.

| Child's Name             | Date of Birth: | Class | Fee |
|--------------------------|----------------|-------|-----|
|                          |                |       |     |
|                          |                |       |     |
|                          |                |       |     |
|                          |                |       |     |
|                          |                |       |     |
| <b>Total for Classes</b> |                |       |     |
| <b>Sailboat Fee</b>      |                |       |     |
| <b>Total</b>             |                |       |     |

*Please see page 1 of this packet for fee and discount information.*

**Please Note:** All sailors are required to have three forms on file: (1) Application Form; (2) the Medical/Emergency Form, and (3) the Authorization to Treat Form. Please complete all forms and remit along with payment.

If you have any questions, please contact Wendy Johnson at [wlejava@aol.com](mailto:wlejava@aol.com)

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Official WLYC Use Only**

- Application Complete
- Emergency Treatment Authorization
- Medical/Emergency Form Completed

Fees Paid check # \_\_\_\_\_



## WLYC AUTHORIZATION FOR TREATMENT

In the event my child, \_\_\_\_\_, is injured or ill while participating in the Wequaquet Lake Programs, I hereby give my permission for the administration of all reasonable health care treatment. I expressly authorize any coach, officer, member or volunteer from WLYC to consent to such health care treatment. Such treatment may include but is not limited to x-ray examination, dental, anesthesia, medical or surgical diagnosis or treatment or hospital care. It is given to provide the authority and power to the health care professionals to exercise their best professional judgment. It is understood that efforts will be made to contact me prior to providing such treatment but I also understand that the treatment may occur if I cannot be contacted. I also agree to pay reasonable cost of any such health care attention or treatment and to reimburse the Wequaquet Lake, or any person who incurs expenses for this health care treatment.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## BEHAVIOR CONTRACT

I (We), the parents/guardian of \_\_\_\_\_, have read and understand the house rules of The Wequaquet Lake Yacht Club. By signing this document, I (We) understand that, in the event that my/our child breaks any house rule that would result in their removal from the premises, we will respond immediately and pick up our child.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PICTURES AND IMAGES

Each year pictures of the sailors are taken and used in the end of summer video and occasionally on the WLYC website. If you do not want your child to be in the video or on the website please indicate below.

- I am ok with my child's picture being used by WLYC staff for summer video and website
- Please do not use my child's picture.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**WEQUAQUET LAKE YACHT CLUB MEDICAL FORM (1 of 2)**

Please complete a separate form for each student. BOTH PAGES (registration form and medical release) MUST BE COMPLETED.

**1. DEMOGRAPHIC INFORMATION**

|   |               |                       |  |
|---|---------------|-----------------------|--|
| <b>Student Name:</b>  |               | <b>Date of Birth:</b> |  |
| <b>Age as of 7/1/20:</b>  |               | <b>Gender:</b>        |  |
| <b>Summer Address:</b>  |               |                       |  |
| <b>City/Town:</b>   | <b>State:</b> | <b>Zip Code:</b>      |  |
| <b>Winter Address (if different)</b>  |               |                       |  |
| <b>City/Town:</b>   | <b>State:</b> | <b>Zip Code:</b>      |  |
| <b>Father's name:</b>   |               | <b>Daytime phone:</b> |  |
| <b>Father's Workplace</b>   |               | <b>Cell phone:</b>    |  |
| <b>Mother's name:</b>   |               | <b>Daytime phone:</b> |  |
| <b>Mother's Workplace:</b>  |               | <b>Cell phone:</b>    |  |
| <b>Email Address:</b>   |               |                       |  |
| Email address will not be published or shared. It is used to notify you of upcoming events. |               |                       |  |

**2. EMERGENCY INFORMATION**

If you cannot be reached at the phone numbers above, please indicate a relative or friend that can authorize and consent to necessary emergency medical treatment:

| Name | Relationship | Phone Number |
|------|--------------|--------------|
| 1.   |              |              |
| 2.   |              |              |

**3. MEDICAL INFORMATION**

|                         |               |
|-------------------------|---------------|
| <b>Doctor/Clinic:</b>   | <b>Phone:</b> |
| <b>Address or town:</b> |               |
| <b>Insurance #</b>      |               |



**WEQUAQUET LAKE YACHT CLUB MEDICAL FORM (2 of 2)**

Please check those that apply: (Provide necessary details below)

**Chronic Ailments:**

- Asthma or other respiratory problems
- Diabetes or hypoglycemia
- Hemophilia or other bleeding problems
- Circulatory or heart problems
- Other: \_\_\_\_\_

**Allergies**

- Medication

\_\_\_\_\_  
\_\_\_\_\_

- Latex
- Bee stings/insect bites  
*If yes, does your child carry an EpiPen?*

\_\_\_\_\_  
\_\_\_\_\_

- Food  
*Please list foods.*

\_\_\_\_\_  
\_\_\_\_\_

- Other, if significant

\_\_\_\_\_  
\_\_\_\_\_

Date of last Tdap (Tetanus/Diphtheria/Acellular Pertussis) SHOT: \_\_\_\_\_

Current medication and dosage, if any: \_\_\_\_\_

*If there is anything other information about your child that you feel would help our sailing instructors teach him/her to the best of their ability, please let us know. Please include any special learning issues.*

\_\_\_\_\_  
\_\_\_\_\_

