

# Sailing Camp

www.IndianapolisSailing.org



## *The Indianapolis Sailing Club!*

13 beautiful acres on Geist Reservoir is the perfect place for your child to learn to sail. The camp for novice to advanced sailors ages 8-16 is designed to teach basic sailing & water safety for beginners and more advanced sailing and racing to veterans. Camp is divided by age and ability. Camp runs everyday rain or shine with lots of sailing, swimming, instructional videos, on/off water coaching, and educational games.

### Camper Registration Information

(Please Complete Both Sides)

Name: \_\_\_\_\_ Age \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

**Circle Adult T-Shirt Size:** SM MED LG XL

### Circle Camp Week/ Weeks:

Week 1: June 18-22      Week 3: July 2-6  
Week 2: June 25-29      Week 4: **July 9-13/FULL**  
Week 5: **July 23-27/FULL**

**\*Weeks 1, 2, 3, & 4: Ages 8 to 14**

**\*Week 5: Ages 10 to 16**

**\*Exceptions possible based maturity and enrollment mix - Please call to inquire.**

**Camp Hours: Monday—Friday 9:00AM - 4:00PM**

*Drop Off: 8:30 - 9:00AM*

*Pick Up: 4:00 - 4:30PM*

Prior to June 11, 2007 refunds can be made if we can fill your session opening.  
No refunds will be made after June 11, 2007

### *Non-Member Rates:*

**1st Week \$295**

**Additional Weeks: \$275**

**ISC Members:**

**(Children & Grandchildren)**

**All Weeks: \$195**

*Includes: US Sailing Manual & Camp T-Shirt.*

A COAST GUARD APPROVED LIFE VEST IS MANDATORY! Each sailor must wear it while sailing or near water!

**Please complete the ENTIRE front and back of form.** Mail: signed application, signed consent, and medical information to: **Sailing Camp, 9764 Springstine Road, McCordsville, IN 46055.** Make checks payable to: Indianapolis Sailing Club/Junior Sailing. You will receive confirmation by mail.

### **List Of Necessary Gear:**

Coast guard approved life vest/PFD...Shoes that can get wet... Swimsuit & Towel... Hat Sunscreen ... Sack Lunch

Contact Michelle Sarber at 335-7385 for current availability information.

Contact Chris or Scott Hicks at 594-0209 for general information.

Also see [www.IndianapolisSailing.org](http://www.IndianapolisSailing.org) for photo tour, and on-line camp application

The undersigned parents or guardians understand that an element of risk is involved in all sports, including sailing. Failure to observe and obey the regulations and discipline imposed by the Indianapolis Sailing Club will be cause for instant revocation of Junior Sailing Program privileges. Approved life jacket will be required as directed on the docks and in the boats while engaging in Sailing Club activities. All expenses incurred by said child will be paid or guaranteed by the undersigned parent(s) or legal guardian(s).

The Indianapolis Sailing Club provides various boats for instructional use and will be responsible for all damage due to normal wear and tear. Losses due to wanton or careless handling of equipment shall be the responsibility of the individual student. By signature in this application, the parent(s) or legal guardian(s) agree and guarantee reimbursement to the Indianapolis Sailing Club in event of such loss or damage. The Junior Training Committee or its representative shall have final jurisdiction over these matters.

In consideration of the acceptance of the above named child for Junior Sailing Program privileges, we the undersigned, do hereby covenant and agree to hold harmless and to indemnify the Indianapolis Sailing Club, its officers and directors, the Junior Training Committee and the Personnel engaged or volunteering to help conduct Indianapolis Sailing Club activities from and all liability for any claim, demand, suits or causes of action growing out of or in any wise attributable to any injury or damage to the above child whatsoever, arising out of or in any way connected with the operation of, participation in, or in any manner associated with the Indianapolis Sailing Club sailing activities, or use of the Indianapolis Sailing Club Facilities.

Additionally, the undersigned parents (or guardians) give permission to the Indianapolis Sailing Club (and/or staff) to give any and all medical aid in the event of illness or accident in the event that I or my emergency contacts cannot be first contacted.

**Safety is paramount**, and therefore on-the-water activities are weather dependent. We have numerous lessons and activities planned for weather days. There will be no weather related refunds. Also note, prior to June 11, 2007 refunds can be made if we can fill your session opening. No refunds will be made after June 11, 2007.

**Signature and Printed name of legal parent or guardian:**

Print: \_\_\_\_\_ Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Medical Information:**

Is your Child currently on medications? **Yes** **No**  
If yes, please list: \_\_\_\_\_

Will medication be taken during camp? **Yes** **No**  
If yes, how often: \_\_\_\_\_

Does your child have any physical problems we should be aware of? **Yes** **No**  
If yes, please explain: \_\_\_\_\_

Is your child allergic to anything? **Yes** **No**  
If yes, what: \_\_\_\_\_

Has your child had major surgery in the past year? **Yes** **No**  
If yes, please explain: \_\_\_\_\_

Is there anything not listed we should know about your child? **Yes** **No**  
If yes, please explain: \_\_\_\_\_

Please list physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list any additional emergency contacts:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_