



www.hudsonsailing.org

212-924-1920

City Sail

City Sail provides students in 6th-12th grade the opportunity to learn to sail a 24-foot boat, to become a better leader and team player, and to make new friends. Students spend a week as a small crew learning to steer, navigate, handle sails, and calculate speed on 24' sailboats. They also learn about the Hudson River and its marine environment. Most importantly they learn about themselves. Many schools offer physical education credit for completing this program.

Structure

- For students entering 6th - 12th grade
- Monday-Friday from 9am- 4pm with a break for lunch
- Participants sail in groups of 4-5 per instructor and are grouped by age
- Fast, fun, and safe 24 ft. sailboats
- No swimming or boating experience required

Location - Pier 66 boathouse in Hudson River Park, across from W. 26th St. and 12th Ave, Manhattan

Session Dates

- Session 1: June 23-27
- Session 2: June 30-July 3
- Session 3: July 7-11
- Session 4: July 14-18
- Session 5: July 21-25
- Session 6: July 28-Aug 1
- Session 7: Aug 4-8
- Session 8: Aug 11-15
- Session 9: Aug 18-22
- Session 10: Aug 25-29

Fees

For students who qualify for financial aid, the program can cost as little as **\$25 per week**. Hudson River Community Sailing strives to serve a diverse student body. Students and families pay on a sliding scale from \$25-\$475, depending on need.

Application Process

1. Fill out one City Sail Registration Form and Waiver Agreement for each child.
2. Email completed forms to abaum@hudsonsailing.org or mail to **Hudson River Community Sailing, PO Box 20677 New York, NY 10011**.
3. You will be contacted by email soon after receipt of your completed application forms and documentation. You will receive an Acceptance Letter showing: 1) the session your child is enrolled for and 2) the amount of financial assistance being provided to you.
4. Please return the signed letter/invoice along with your payment (Check, Money Order, or Credit Card). If you have any questions, please call 212-924-1920 or email abaum@hudsonsailing.org.

Registration Checklist

____ Registration Form

____ Waiver Agreement



City Sail Registration Form

Participant Name _____

Birthdate _____ School _____ Gender (Circle One) Male Female

Mailing Address _____ Apt # _____

City, State, Zip _____

Participant(s) Lives With (Circle all that apply) Mother Father Guardian

Mother/Guardian Name _____

Phone _____ Email _____

Father/Guardian Name _____

Phone _____ Email _____

Mark the session(s) you are interested in attending.

- Session 1: June 23-27
- Session 5: July 21-25
- Session 9: Aug 18-22
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TO BE FILLED OUT BY THE PARTICIPANT

1. Why do you want to be in this program? (Participant)

2. Why would you make a strong applicant? (Participant)



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FINANCIAL AID INFORMATION (TO BE FILLED OUT BY THE PARENT/GUARDIAN IF REQUESTING FINANCIAL AID)

1. Total in Household _____ 2. Number of Earners _____
3. Total household monthly income _____ 4. Total household monthly expenses _____
5. Government Support? Y/N If yes, what type? _____
6. How much do you feel your family can contribute to your child's fee? (The fee is \$475 per week and every family must contribute at least \$25) _____
7. Please explain, in your own words, your financial need situation.

TRANSPORTATION INFORMATION

8. Please indicate (by checking the appropriate line below) how the participant will be picked up at the end of each day of the Program:

_____ Sailor will be picked up by parent / guardian _____ Sailor will leave HRCS' facility on his / her own

If the Sailor needs to leave early from our program on any given day, HRCS must be notified no less than 48 hours beforehand in writing. In the case of an emergency during which the Participant needs to leave early, please call 212-924-1920

MEDICAL INFORMATION

Emergency Contact Person: _____ Relationship: _____

Emergency Contact Phone: _____ Alternate Emergency Contact Phone: _____

Physician: _____ Phone: _____ Name of Insured: _____

Insurance Co. _____ Policy #: _____ Group #: _____

Chronic illnesses, medical conditions, allergies, or medication being taken (please list here, or write "None"):

The undersigned hereby authorizes an instructor from the Program, or an adult who bears this document, to authorize emergency treatment for the Sailor named above in the event that a Parent or Guardian cannot be reached at the above telephone numbers at the time of the emergency.

Signature of Parent/Guardian _____ Date _____

DON'T FORGET ABOUT THE WAIVER FORM! NEXT PAGE!



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WAIVER AGREEMENT

Sailor's Name: _____ Parent/Guardian: _____
PLEASE PRINT PLEASE PRINT

The undersigned is the Parent or Guardian of the Sailor named above (hereinafter referred to as the "Sailor"), and hereby acknowledges that the execution of this Agreement is a condition to the participation of the Sailor in the activities of the Hudson River Community Sailing Program (hereinafter referred to as the "Program") as stated above. The undersigned accepts that the sport of sailing and the conduct of the Program entail and are subject to certain inherent risks, and, on behalf of the Sailor, accepts all risks on land and at sea of participation in the Program. In return for the Sailor participating in the activities of the Program and using the facilities and property of Hudson River Community Sailing (hereinafter referred to as "HRCS"), the undersigned does hereby agree as follows:

1. The undersigned consents to the participation of the Sailor in the Program and agrees that this will extend to the activities at Pier 66 and/or Pier 66 Maritime. This consent agreement shall remain in effect until HRCS receives written notice of the cancellation of this consent, or until the conclusion of the Program.
2. The undersigned consents to the participation of the Sailor in all sailing classes, clinics, events, and regattas, which are a part of the Program and acknowledges that said consent is **without exception** within the limits proscribed within.
3. The undersigned is aware that the activities of the Program involve maneuvering a boat, on deep waters, in potentially hazardous conditions which may include, among other things, strong winds and high waves, sudden and unexpected immersion in deep waters and collision with other watercraft or stationary objects such as docks, pilings, and buoys. With knowledge of the dangers involved, the undersigned voluntarily asks that the Sailor be allowed to take part in the activities of the Program.
4. The undersigned agrees that the Sailor will wear a personal flotation device at all times when participating in the Program's activities on the docks and on the boats.
5. The undersigned (including heirs, successors, and assigns) waives any claims against and releases any obligation of HRCS, and all of its respective members, employees, agents, or any other person acting in any capacity for the conduct of the Program in relation to any loss, injury, or damage, on land or at sea, to the Sailor or to the Sailor's property to the fullest extent permitted by law.
6. The undersigned (including heirs, successors, and assigns) is aware that HRCS is not responsible for the Sailor's travel to and from the Program and waives any claims against and releases any obligation of HRCS, and all of its respective members, employees, agents, or any other person acting in any capacity for the conduct of the Program with respect to any and all liability for any harm, injury, damage, cost or expense of any nature whatsoever, which may result to the Sailor during travel to the Program and after his / her departure from HRCS' facility.
7. The undersigned (including heirs, successors, and assigns) agrees to reimburse and hold harmless HRCS, and all of its respective members, employees, agents, or any other person acting in any capacity for the conduct of the Program for any loss, damage claim, or injury caused by the Sailor's negligence, misconduct, or failure to exercise reasonable care.
8. The undersigned grants permission for HRCS to use any photographs, film, digital imaging, videos, verbal, and written statements of the Sailor or his/her likeness for promotional, web usage, or other uses by HRCS, either associated with the Program, a project, an event, a function, or otherwise.

I have thoroughly read and understand the Waiver Agreement. By signing this document, I acknowledge the execution of this Agreement and agree to each of the provisions listed above.

Signature of Parent or Guardian: _____ Date: _____