

At City Sail, you will...

- Drive a boat
- Meet new friends
- Lead a team

When is the program?

One week, Monday-Friday, 9am-4pm
Choose your week: June 29 - August 31

Where is the program?

Pier 66 Boat House - West 26th St and the
Hudson River in Manhattan

Who else is in the program?

Boys and girls, 5th-11th grade, all 5 boroughs and
many states/countries - no experience necessary

Is the program affordable?

YES, families pay on a sliding scale of \$25-\$495
based on need

OK, how do I sign up?

Fill out this application and email it to
abaum@hudsonsailing.org





City Sail Application

School Name _____

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

<input type="checkbox"/> Session 1: June 29-July 3	<input type="checkbox"/> Session 6: August 3-7
<input type="checkbox"/> Session 2: July 6-10	<input type="checkbox"/> Session 7: Aug 10-14
<input type="checkbox"/> Session 3: July 13-17	<input type="checkbox"/> Session 8: Aug 17-21
<input type="checkbox"/> Session 4: July 20-24	<input type="checkbox"/> Session 9: Aug 24-28
<input type="checkbox"/> Session 5: July 27-31	<input type="checkbox"/> Session 10: Aug 31-Sept 4

Participant Name (*First and Last*) _____

Mailing Address _____ Apt. # _____

City, State , Zip _____

Birthdate _____ Gender (Circle One) Male Female

Participant Ethnicity: African-American Hispanic Asian/Pacific Islander Caucasian Other _____

Does the participant qualify for free or reduced lunch? Yes No

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

Parent/Guardian Name _____ Email _____

Daytime Phone _____ Evening Phone _____

Transportation - Please indicate (by checking the appropriate line below) how the participant will be picked up at the end of each day:
 Sailor will be picked up by parent / guardian Sailor will leave HRCS' facility on his / her own

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 to sign the Waiver Agreement (next page)!!


**HUDSON RIVER
COMMUNITY SAILING**
Waiver Agreement

Child Name: _____ **(Print) Parent/Guardian:** _____ **(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/Guardian: _____ **Date:** _____

Don't forget to fill out the Financial Aid form (next page)!!



City Sail Financial Aid Form

Participant Name (*First and Last*) _____

PERSONAL NARRATIVE (TO BE FILLED OUT BY THE PARTICPANT)

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

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

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

- 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 \$495 per week and every family must contribute at least \$25) _____

7. Please explain, in your own words, your financial need situation.

Signature of Parent/Guardian _____ **Date** _____

Signature of Child/Participant _____ **Date** _____