



Name _____

Address _____

Parent's email address _____

DOB _____ Age as of 6/15/09 _____ Grade (08-09) _____ Club Affiliation (if any) _____

Mother's name _____ Phone (H) _____ (W) _____ Cell _____

Father's name _____ Phone (H) _____ (W) _____ Cell _____

Do you own a boat that you'll be using for class? _____ Boat type _____ Sail # _____

Sailing experience: 2008 Class(es) _____ Club _____ Number of days _____

2008 Regattas attended, including fleet, or other experience _____

Special Requests: _____

PLEASE ENROLL MY CHILD IN THE FOLLOWING CLASS(ES): _____

Beginner: \$1,050	Intro to Adventure Sailing: \$1,150	Laser 1, Session 1 or 2: \$800
Intermediate: \$1,050	Adventure Sailing, Session 1 or 2: \$800	Laser 1, Full season: \$1,150
Optimist 1: \$1,150	Adventure Sailing, full season: \$1,150	Laser 2: \$1,300 *
Optimist Racing: \$1,300 *	Intro to 420, Session 1 or 2: \$800	Laser Racing Team: \$1,500 *
Opti Race team: \$1,500 *	Intro to 420, full season: \$1,150	420 Racing Team: \$1,500 *
Intro to Beginner: \$250		

Class Amount _____

Pleon Dues (payment must be included with all applications) _____ \$50 _____

Discount to boat owner, use during class (\$150 per Opti/Laser, \$300 per 420) _____ (\$) _____

TOTAL DUE (checks payable to Pleon Yacht Club) _____

* Racing programs only: Please register my child for US Sailing _____ Mass Bay Sailing _____. Membership is required for many regattas.

PLEASE RETURN THIS APPLICATION WITH THE EMERGENCY MEDICAL FORM, PARENT AGREEMENT AND YOUR CHECK TO:

Pleon Junior Sailing Program, P.O. Box 160, Marblehead, MA 01945



PLEON YACHT CLUB

EMERGENCY MEDICAL FORM

First Name _____ Last Name _____

Street Address _____ City _____

State _____ Zip _____ Age as of 6/15/09 _____ Weight _____ Height _____

Mother's name _____

Mother's phone (H) _____ (W) _____

Father's name _____

Father's phone (H) _____ (W) _____

Other phone numbers for emergency use (e.g. cell phones) _____

Alternative person to call in an emergency _____

Alternative phone number _____

Physician's name _____ Phone _____

Dentist's name _____ Phone _____

Any health problems/learning disabilities we should be aware of? _____

Is your child taking any medications? Please specify _____

Any allergies? _____

Health insurance _____

Health insurance # _____

I understand that a reasonable attempt will be made to contact me should an emergency arise, but in the event that Pleon is unable to reach any of the names listed above, I give permission to transport my child to the nearest source of emergency care, in order that necessary medical treatment not be delayed.

Parent's/Guardian's Name (please print) _____

Parent's/Guardian's Signature _____ Date _____

PLEASE RETURN THIS FORM WITH THE APPLICATION, PARENT AGREEMENT AND YOUR CHECK TO:

Pleon Junior Sailing Program, P.O. Box 160, Marblehead, MA 01945



Parents and Guardians are an important part of a successful summer at Pleon. Parents should be involved and supportive of their children in their pursuit of the sport of sailing.

As parent/guardian of _____ I agree to:

- Ensure that my child is on time and prepared for class, and attends regularly
- Encourage him/her in becoming a better sailor
- Support a positive attitude towards Pleon and towards sailing throughout successes and challenges, and emphasize the positive points of the sport
- Ensure that my child shows respect to other club members and the instructional staff at all times
- Ensure that my child is respectful of club property and members' property stored at the club
- Provide support when my child attends regattas
- Expect my child to display good conduct when participating in Pleon's program and when attending regattas and other events
- Read the Pleon Handbook (to be distributed at the mandatory June 29 parent meeting)
- Contact my child's instructor or the program director (outside of class time – see parent handbook for more information) if I have any questions about my child's progress or behavior
- Understand that if my child is sent to the Program Director three times during the summer because of discipline issues, he/she may be asked to leave the program for the remainder of the summer.

My child seeks to learn to be a better sailor and understands that Pleon's program is intended to be both educational and fun.

Parent's/Guardian's Name (please print) _____

Parent's/Guardian's Signature _____ Date _____

My child, whose name is stated above, can swim 50 yards. I agree (on behalf of myself and my child/children) to make no claims against the Pleon Yacht Club, or any of its officers, directors, members, agents or employees for any loss of, or damage or injury to, any person or persons or property and to indemnify the Club and its offices, directors, members, agents and employees against liability for any loss, damage or injury caused by my child/children.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

PLEASE RETURN THIS AGREEMENT WITH THE APPLICATION, MEDICAL EMERGENCY FORM AND YOUR CHECK TO:

Pleon Junior Sailing Program, P.O. Box 160, Marblehead, MA 01945