

"School of The Year"

Northern
Breezes
SAILING SCHOOL

**2017 MEDICINE LAKE
YOUTH KEELBOAT PROGRAM**

Student's Name: _____ Birth Date: _____

Student's Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Prior Sailing Experience: _____

Height: _____ Weight: _____ Lifejacket size: _____

Grade Complete in School as of June 2017 _____

Parent's E-mail Address: _____

Mother's Name: _____ Day Phone: _____ Evening Phone: _____

Father's Name: _____ Day Phone: _____ Evening Phone: _____

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

1 _____ Phone: _____

2 _____ Phone: _____

Doctor/Clinic: _____ Phone: _____

How did you hear about us? _____

**3-hour Morning sessions 9am-12pm or
3-hour Afternoon sessions 1pm-4pm**

Full Day sessions 9am-4pm

	Dates	Price ½ day
Session 1	June 12 - 16	\$179
Session 2	June 19 - 23	\$179
Session 3	June 26 - 30	\$179
Session 4*	July 5 - 7	\$107
Session 5	July 10 - 14	\$179
Session 6	July 17 - 21	\$179
Session 7	July 24 - 28	\$179
Session 8	July 31 - Aug 4	\$179
Session 9	Aug 7 - 11	\$179
Session 10	Aug 14 - 18	\$179

	Dates	Price Full day
Session 1	June 12 - 16	\$299
Session 2	June 19 - 23	\$299
Session 3	June 26 - 30	\$299
Session 4*	July 5 - 7	\$179
Session 5	July 10 - 14	\$299
Session 6	July 17 - 21	\$299
Session 7	July 24 - 28	\$299
Session 8	July 31 - Aug 4	\$299
Session 9	Aug 7 - 11	\$299
Session 10	Aug 14 - 18	\$299

*No Camp on July 3rd & 4th Discount for multiple sessions: _____ Ages 14 and older may add certification in Basic Keelboat (ASA 101) for an additional \$95.

Session(s) : _____

Amount: _____ Check enclosed: _____ Visa/MC #: _____ Exp. Date: _____ V-Code: _____

Name and Address for Credit Card: _____

Northern Breezes Sailing School, 3949 Winnetka Avenue North, Minneapolis, MN 55427
Phone: 763-542-9707 Fax: 763-542-8998 Email: info@sailingbreezes.com
www.NorthernBreezesSchool.com www.SailingBreezes.com (See second page of this form for required signature.)

Medicine Lake Youth Keelboat Program Registration and Policy Guidelines

Registration

To register, please fill out both sides of the application, sign and include payment for the full amount of the session you are registering for. If the session you have applied for is full, a full refund will be given or credited towards another session. Please make checks payable to: Northern Breezes Sailing School. Please mail registration and full payment to:

Northern Breezes Sailing School
3949 Winnetka Ave. N.
Minneapolis, MN 55427

Confirmation

Confirmation of your registration will be e-mailed to you. Please provide your e-mail address on the front of this application form. If the session you applied for is full, you will be notified by phone or by e-mail. Every effort will be made to place you in another session or you can elect to be placed on a waitlist. All sessions are filled on a first-come, first-served basis.

Session Cancellation Policy

If you wish to cancel, you must notify Northern Breezes Sailing School office at least one week prior to the start of the session to receive a refund. There will be no refunds given after that time. All refunds are subject to a \$30 cancellation fee.

Weather/Illness Cancellation Policy

Classes will not be cancelled due to weather. When poor weather conditions occur, indoor sailing related activities are put into practice. Refunds or make-up classes will not be given due to weather or classes missed due to illness or injuries.

Swimming Requirements

Parents or guardians must certify their child can swim. Children must be comfortable in and around water and be able to swim. A swimming check out with lifejacket on will be given on the first day of class. This will allow the staff to

check the swimming abilities of your child. The staff will also conduct a water orientation with a sailboat in order to teach self-rescue techniques.

Student Conduct

Students are required to follow the Northern Breezes Sailing School code of good conduct. Respect for fellow students, safety, equipment, and the facility are paramount. When behavioral problems occur, every effort will be made to resolve the problem. If the behavioral problem is repeated or is serious, a Northern Breezes Sailing School staff member will contact the parent. There are no refunds for expulsion from Northern Breezes Sailing School for behavioral problems.

What Students Should Bring

1) Lunches are not provided for students. We recommend students who participate in full day sessions bring their own sack lunch and bottled water. Drinking Water is available on site but most of the time will be spent on the water. Limited beverages are available for purchase from the park.

2) We recommend that students provide their own lifejacket for their comfort and fit. Lifejackets must be US Coast Guard approved and fit properly. We do have a supply of lifejackets available for students to borrow. Students will be required to wear a lifejacket while on docks, in the water, and aboard boats during class time.

3) Students should wear or bring a swimsuit to class as they will get the opportunity to go swimming. A warm, dry change of clothing, windbreaker, towel, hat, sunscreen, and sunglasses are also strongly recommended and should be stored in a duffle bag or backpack. Student's names should be placed on all items brought to class.

Emergency Treatment Authorization

I/We the undersigned parent, parents, or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray, examination, anesthetic, medical diagnosis rendered under the general or special supervision of any member of the medical staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the Dental Practice Act and on the staff of any acute general hospital from the State of Minnesota Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Release

The undersigned parent/guardian recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to induce the Northern Breezes Sailing School to accept his/her child into Northern Breezes Sailing School, the undersigned parent/guardian covenants and agrees to hold harmless and indemnify the Northern Breezes Sailing School, its officers, directors, employees, and agents from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury to a person or damage to any property arising out of or in anywise connected with the operation of the Northern Breezes Sailing School or any activities on or the use of any facilities or equipment of Northern Breezes Sailing School. I grant full permission for Northern Breezes Sailing School to use photographs of my enrolled child in the legitimate accounts and promotion of this class.

Certification of Swimming Skills

I/We the undersigned parent, parents, or legal guardian, do hereby certify the child enrolled can swim.

Parental Agreement

I/We understand that I/we are responsible for our child's or grandchild's behavior and conduct while at the Northern Breezes Sailing School and will see to it that our child adheres to the program rules. I/We agree to assume the obligation for expenses of repair and/or replacement of program equipment that is attributed to our child's reckless or irresponsible behavior and the expense of medical care if our child is injured. I/We agree to make an appointment for a parent/instructor or coach conference if requested.

Signature of Father, Mother, Guardian, or Adult Student

Date