

**Middle Keys Sailing Program Application**(Please complete all forms for each student)  
(Please print clearly. We will keep each student's records on file in case of an emergency)

Student Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ School grade completed as of June 2018: \_\_\_\_\_

Previous Sailing Experience \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Primary Email \_\_\_\_\_ Secondary Email \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact 1 (Name/Phone) \_\_\_\_\_

Emergency Contact 2 (Name/Phone) \_\_\_\_\_

**2018 Summer**

**Session requested** (Circle one): June 4-15 June 18-29 July 2-13 July 16-27 July 30-Aug 10

(Circle one): (AM session: 8:30- for kids 7 and under. Class size limit = 4)  
(PM session: 1pm-4pm for kids 8 to 17. Class size limit = 8)

If session date is full, can you be flexible with session date? (Circle one) Yes // No

If yes, second preferred date: \_\_\_\_\_

[Other Session: pls specify \_\_\_\_\_ ]

**A completed application must include:**

- A. Program application
- B. Signed Rules and Discipline form
- C. Signed medical form
- D. Signed waiver form
- E. Payment receipt via PayPal link on the MYCEF website- \$100.00 per session per student

**TO MAKE ONLINE PAYMENT:**

Go to the MYCEF website at **[www.MYCEF.education](http://www.MYCEF.education)**. On the Home Page, click on the Sailing Program heading on the left side of the page. This will take you to the Middle Keys Sailing Program page where you will find a link to the MYCEF secure PayPal account. You will be able to print the receipt once your transaction is completed. Include your receipt in the application package.

Or you may drop off a check made out to MYCEF at the Marathon Yacht Club office, 825 33rd Street, Marathon, and note in your application package the date you dropped off the check.

# MIDDLE KEYS SAILING PROGRAM RULES & DISCIPLINE

## POLICY SIGNATURE FORM

1. No students on docks without supervision and a life jacket
2. Life jackets must be worn and secured at all times on docks, piers, boats, or in the water (by students, instructors, and coaches)
3. Closed toed footwear to be worn at all times
4. No running
5. No swimming (except with the permission of the instructors)
6. No jumping off boats(except with the permission of the instructors)
7. Respect one another – no hitting, pushing, or roughhousing
8. Use respectful language – no swearing, foul, or rude language
9. No littering on land or water
10. Stay with the class unless you have permission from an instructor to leave
11. All sailors must make an effort to sail out and return to docks together or with a buddy
12. Prior to drills, all boats must stay within hailing distance of the safety/coach boat
13. All coach boats and junior sailboats must return to the dock prior to sunset
14. No destruction of club or private property
15. No smoking, drugs or alcohol
16. No playing on or near ramps and hoists
17. No playing with boom, hoist or crane
18. Watch fingers and feet between boats, docks, and moving parts
19. Check for overhead wires in boat storage and launching areas
20. Club owned boats must be properly returned and put away after use
21. Sailors must make every effort to avoid collisions

### Discipline Policy:

**1. First Strike:** Student will be warned and student's file will be noted.

**2. Second Strike:** Student will be warned and parent/guardian will be informed and asked to meet with the Program Director. The strike and meeting notes will be noted in student's file.

**3. Third Strike:** The student will be asked to sit out for the rest of the day. Parent/guardian will be informed and asked to meet with the Program Director. Strike will be documented in the student's file.

**4. Continued Abuse:** Continued abuse of the rules will result in expulsion from the program. Parent/guardian will be informed. No fee will be refunded.

**5. ZERO TOLERANCE for possession of drugs, alcohol, knives, guns or other weapons. No fee will be refunded.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Name of Student

# MIDDLE KEYS SAILING PROGRAM WAIVER

We, the undersigned being an applicant for admission to the Middle Keys Sailing Program and a parent/guardian of the applicant, do hereby acknowledge that participation in the Sailing Program poses certain inherent risks which cannot be avoided and acknowledge that we are accepting those risks.

In consideration of the acceptance of applicant's application, we release and forever discharge the Middle Keys Sailing Program, its Officers, its Board of Directors, its Sailing Committee, their servants, agents, and employees, from any claim for property damage, injury or death arising out of or during the course of any participation in the Middle Keys Sailing Program.

We represent that we have and will maintain sufficient coverage under our homeowner's or tenant's liability insurance policy for any negligent acts of applicant in his/her pursuance of school activities.

We further certify that, to the best of our knowledge, the applicant is in good physical condition and suffers from no physical, emotional or mental impairment, which would adversely affect his/her ability to safely participate in sailing activities.

Student Name: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

# MIDDLE KEYS SAILING PROGRAM MEDICAL FORM & RELEASE

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Please list any past medical problems \_\_\_\_\_

Surgical history \_\_\_\_\_

Allergies: Medications \_\_\_\_\_

Foods \_\_\_\_\_

Other (including Bees, Wasps, Jelly Fish) \_\_\_\_\_

Current Medication Taken \_\_\_\_\_

Date of Last Tetanus shot \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Telephone \_\_\_\_\_

**Attach recent physical examination if available (within 24months of program start date).**

## Emergency Contacts (at least one should be local):

1. \_\_\_\_\_  
Parent/Guardian Relationship Phone

2. \_\_\_\_\_  
Parent/Guardian Relationship Phone

3. \_\_\_\_\_  
Other Contact Relationship Phone

4. \_\_\_\_\_  
Other Contact Relationship Phone

I, \_\_\_\_\_, (Parent/Guardian) authorize the program organizers or their employees to sanction emergency treatment if none of the student's emergency contacts or Parent/Guardians can be reached at the time of an emergency.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date