

Chelsea Yacht Club

This form is for your records and as a reminder of dates your child/ren are signed up for the Chelsea Yacht Club Youth Sail 2010 Program.

Completed application consists of items below. Please check off each form submitted with this form

\$80.00 non-refundable deposit (balance for all weeks is due in full May 30th)

\$25.00 non-refundable registration fee

Signed Parent and Youth Guidelines

Signed Waiver

Signed Requirements of Parent of the Day

Signed Rules and Expected Behavior Form

Signed Medical Form

Signed most recent physical exam form from child's MD (confidential)

Signed Emergency Treatment Authorization

Week's student is attending Youth Sail: **Wk 1 (6/28-7/2)** **Wk 2 (7/5-7/9)**
 Wk 3 (7/12-7/16) **Wk 4 (7/26-7/30)** **Wk 5 (8/2-8/6)** **Wk 6 (8/9-8/13)**

Weekly rate: \$_____ Registration Fee paid: \$_____
Total am't for program: \$_____ am't paid: \$_____ am't due \$_____

Swim date:

Parent of the Day Date:

Any questions, call Tara at 845-629-0041 or email Chelseayouthsail@yahoo.com

**Mail application to: Harela Paglia
35 West Hook Rd
Hopewell Jct., NY 12533**