



AHSEP Enrollment Information

Enrollments are granted in the order that forms and payments are received. Enrollment packages must be complete or they cannot be accepted. If classes are full, you will be automatically placed on the waiting list. You will then have the option of enrolling if dropouts occur.

Refunds for cancellations will be made provided that written notice of your cancellation is received prior to **June 1, 2011** (with a \$50 processing fee). This is to allow AHSEP time to contact wait-listed students.

For the novice sessions, we ask parents to volunteer at least one class time, if possible, as a dock parent. No sailing knowledge is required. You are an extra set of eyes and hands for us and will be able to see what great things your child is learning.

A complete application for each student must contain:

- Enrollment Form
- Medical Form
- Waiver
- Tuition Payment (Check or Credit Card Authorization Form) for full amount made payable to 'AHSEP' by **May 14, 2011** or due with the application.

Each student should come dressed and prepared for a warm summer day, assuming they will get wet. Each student must bring, to every class:

- USCG approved Type II or Type III Lifejacket (*Sized for your child*)
- Water or Gatorade/Sports drink (*No soft drinks or juice*)
- Boat Shoes, Water Shoes, or Sneakers (*No sandals, "Teva's", "flip-flops", or other open toed shoes that may fall off or risk foot injury.*)

Recommended Items to Increase Comfort:

- Sun Tan Lotion
- Towel
- Hat with visor
- Sunglasses
- Jacket for cool days (It sometimes can be cooler on the water than at your house.)

Questions about the programs can be directed to:

Mike Fortier 732-291-7230 or Greg Pollack 732-872-7326 or ahsep01@gmail.com

Keep an eye on your email for information on our Meet and Greet dates and other events!



AHSEP Enrollment Form -- Summer 2011

Please provide the following information, ***using one form for each enrolling student***:

Student's Name: _____ Age: _____

Parent(s)/Guardian(s) Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Preferred Phone: _____ cell, home, work? _____

Please give an e-mail you check often. We will send out announcements throughout the season.

e-mail A: _____

e-mail B: _____

e-mail C: _____ (Student's email is OK, too.)

Emergency Contact #1 Name: _____

Emergency Contact #1 Relationship to Student: _____

Emergency Contact #1 Phone: (specify type) _____

Emergency Contact #1 Phone: (specify type) _____

Emergency Contact #2 Name: _____

Emergency Contact #2 Relationship to Student: _____

Emergency Contact #2 Phone: (specify type) _____

Emergency Contact #2 Phone: (specify type) _____

Program Dates Tuition

.. Novice – Session 1	Mon. – Fri.	June 27 - July 8	(9am to Noon)	\$270*
.. Novice – Session 2	Mon. – Fri.	July 11 - 22	(9am to Noon)	\$300
.. Intermediate – Session 1	Mon. – Fri.	July 11 – 22	(1 pm to 4pm)	\$300
.. Intermediate – Session 2	Mon. – Fri.	July 25 - Aug. 5	(9 am to Noon)	\$300
.. Advanced – Session 1	Mon. – Fri.	June 27 - July 8	(1pm to 4pm)	\$270*
.. Advanced – Session 2	Mon. – Fri.	July 25 - Aug. 5	(1pm to 4pm)	\$300
.. Early Season Sailing	Saturdays	May 21 - June 18	(9am to Noon)	\$175
.. Open Sailing	Tuesdays	June 21 - Aug. 9	(5:30pm to 8pm)	\$175
.. Junior Sweeps Regatta	Mon. – Thurs.	Aug 8 – 11	(8am to 6pm)	\$200
.. Adventure Week	Mon. – Fri.	August 15 – 18	(9am to 2pm)	\$225

*Prorated – Class will not take place on July 4th

Each sailor will be provided with an AHSEP water bottle. We encourage students to use them for class. The following merchandise is also available for sale:

q AHSEP Gear Bag @\$10 each

q AHSEP Pullover/zip Fleece @ 40 ea. (Adult) A-S, A-M, A-L, A-XL, A-XXL

q AHSEP Zip Front Fleece @ \$30 ea. (Youth) S, M, L, XL

q AHSEP Hoodie Cotton Sweatshirt @ 30 ea. (Youth)S, M, L, XL, (Adult) S, M, L, XL)

q AHSEP Polo Shirt @ 30 ea. (Youth)S, M, L, XL, (Adult) S, M, L, XL)

q AHSEP Race Team Polo Shirt @ 35 ea. (Youth)S, M, L, XL, (Adult) S, M, L, XL)

Please make Tuition/Accessories check payable to **AHSEP** or provide completed Credit Card Authorization Form or full amount due by **May 14th, 2011** or due with this application.

****Medical Form & Waiver must be submitted for each student enrolling, at time of application.**

****Send to: AHSEP, PO Box 43, Atlantic Highlands, NJ 07716**



Medical & Emergency Information

This form must be completed and signed by you or your parents (if you are a minor) and submitted along with your course enrollment.

Name _____
Birth date _____ Sex _____
Address _____

(Street, City, State, Zip)

Do you have a history of, or do you currently have any **physical limitations** that might prevent you from fully participating in this course? Yes ___ No ___ If yes, please specify on reverse.

Do you have any **disability** that might prevent you from fully participating in this course? Yes ___ No ___ If yes, please specify on reverse.

Please check (✓) those that apply and provide necessary information alongside.

Chronic Ailments

Asthma, or other respiratory problems _____

Circulatory or heart problems _____

Diabetes or hypoglycemia _____

Epilepsy _____

Hemophilia, or other bleeding problems _____

Allergies

Insect bites _____

Bee stings _____

Foods _____

Drugs _____

Others, if significant _____

Current medications or pertinent information:

Blood type _____ Date of last tetanus shot _____

Family physician name _____ Phone _____

Date of most recent physical examination _____

Where are your medical records kept? _____

Insurance Carrier _____ Insurance ID _____

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the Education Law and/or Public Health Law of the State of New Jersey and on the staff of any hospital holding a current operating certificate issued by the Department of Health of the State of New Jersey. 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/her best judgment may deem advisable. It is understood that effort shall be made to contact the above people prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if any of these people cannot be reached.

Signature of Applicant, OR Parent or Guardian (if applicant is a minor)

Date



AHSEP WAIVER - Summer 2011

IN CONSIDERATION of being given the opportunity to participate in any way in the Atlantic Highlands Sailing Education Program I, for myself, my personal representatives, assigns, heirs, and next of kin: 1. ACKNOWLEDGE, agree, and represent that I understand the nature of Sailing Activities, both on the water and land based and that I am qualified, in good health, and in proper physical condition to participate in any Activity. I FURTHER WARRANT that I have basic swimming skills. 2. FULLY UNDERSTAND that: (a) SAILING ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis, and death ("risks"); (b) these risks may be caused by my own actions, or inactions, the actions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the "releasees" named below; (c) there may be other risks and social and economic losses either not known to me or not foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in any Activity. 3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction. 4. HEREBY RELEASE, discharge, and covenant not to sue the Atlantic Highlands Sailing Education Program, their administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the releasees herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost which may incur as a the result of such a claim. ***I have read this agreement, fully understand its terms, and understand that I have given up substantial rights by signing it. I have signed it freely and without any induction or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force.***

Printed name of Participant: _____

Parental Consent

AND I, the minor's parent and/or legal guardian, understand the nature of sailing activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS, each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost that may incur as the result of any such claim.

Printed name of Participant (18 yrs or older), or Parent/Guardian Name: _____ **Participant's Signature (18 years or older), OR Parent/Guardian's Signature (if participant is under the age of 18):**
 _____ (Date) _____

Information Release: In order to promote AHSEP, we may use student pictures and/or names on our website, club website, press releases or other venues. Please indicate your willingness to participate by checking the appropriate box. YES ___ NO ___

Parent Signature: _____