



## 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 1st, 2012** (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 Check** for full amount made payable to 'AHSEP' by **May 14th, 2012** 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:**

**Greg Pollack (732) 872-7326**

AHSEP is also offering a yacht burgee with the AHSEP logo at an additional cost of \$30. This high quality burgee makes a great addition to a junior sailor's room, or you can fly it from your own boat this summer.

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



## AHSEP Enrollment Form -- Summer 2012

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 25 - July 6	(9am to Noon)	\$310
.. Novice – Session 2	Mon. – Fri.	July 9 - 20	(9am to Noon)	\$310
.. Intermediate – Session 1	Mon. – Fri.	July 9 – 20	(1 pm to 4pm)	\$310
.. Intermediate – Session 2	Mon. – Fri.	July 23 - Aug. 3	(9 am to Noon)	\$310
.. Advanced – Session 1	Mon. – Fri.	June 25 - July 6	(1pm to 4pm)	\$310
.. Advanced – Session 2	Mon. – Fri.	July 23 - Aug. 3	(1pm to 4pm)	\$310
.. Early Season Sailing	Saturdays	May 19 - June 16	(9am to Noon)	\$175
.. Open Sailing	Tuesdays	June 26 - July 31	(5:30pm to 8pm)	\$175
.. Junior Sweeps Regatta	Mon. – Thurs.	Aug 6 – 9	(8am to 6pm)	\$210
.. Adventure Week	Mon. – Fri.	August 13 – 17	(9am to 2pm)	\$225

### **For Novice Classes Only \*\*\*\*\* DOCK PARENT COMMITMENT \*\*\*\*\***

Volunteer Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Session (Circle One) **1** **2** Choose one day below.

***I can Volunteer on:*** Week 1 \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri

***I can Volunteer on:*** Week 2 \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri

***You will be contacted to confirm your date shortly before the session begins.***

**AHSEP Gear Bag @\$10 each**

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

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

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

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

**AHSEP Race Team Polo Shirt @ 35 ea.**

**Please make Tuition/Accessories check payable to AHSEP for 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 2012

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 or in press releases. Please indicate your willingness to participate by checking the appropriate box. YES \_\_\_ NO \_\_\_

Parent Signature: \_\_\_\_\_



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### CREDIT CARD AUTHORIZATION FORM

To pay by credit card, please fill out the following information and include it with your enrollment forms.

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Amount to charge \_\_\_\_\_

Mastercard     Visa     American Express     Discover

Card Number

CVV Code\*

\*For **Mastercard, Visa, Discover**, this is the 3 digit code on the **BACK** of your card on or above your signature line.  
For **American Express**, this is the 4 digits on the **FRONT** above the end of your card number

Expiration Date    \_\_\_\_ / \_\_\_\_  
                                  Month    Year

Name on Card \_\_\_\_\_

Billing Address    Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Cardholder Signature \_\_\_\_\_