

PROGRAM INFORMATION
2018 IYC YOUTH SAILING PROGRAM
Weekly from Monday 25 June - Friday 24 August 2018

Sailing and Racing programs (one-week sessions):

- The Sailing and Racing programs are held Monday to Friday each week for youth ages 8-17.
- All sailors must complete a minimum swimming requirement of 50 yards. The swim test can be completed either ahead of time, by one of the lifeguards on duty, or on Monday morning at the beginning of a new weekly session. Sailors who have previously completed the swim test do not need to do it again. Programming will be held from 8:30 am to 4:30 pm with a 1-hour break for lunch. Parents may drop off after 8:30am and all sailors MUST be picked up by 5:00pm.
- The children will learn beginning, intermediate, and advanced techniques in Optimist (dinghies), and 420s. The Racing group will be participate in inter-club competition (where they travel with volunteer parents and instructors to other yacht clubs for racing). We will have an Opti and a 420 racing team. Regattas and special events will occur throughout the season. All sailors may progress to a more advanced level upon recommendation of the instructors, and approval of the Sailing Director(s).
- Parents/Guardians are required to sign their children in and out when dropping them off in the morning and picking them up in the afternoon. Please allow time in your schedule for this process. For safety reasons, it is necessary for the sailing staff to know when children are on site, and where they are at all times.
- Sailing Program enrollment will be limited and is on a first-come-first-served basis. Your sailor's place will be reserved upon payment. **Fees for Sailing or Racing programs are \$300 per week (members) and \$365 per week (non-members) for 1-week sessions, and are non-refundable.**

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- **Payment and EARLY registration for the programs MUST be received by our business office (Ithaca Yacht Club, Kati Torello, c/o Sciarabba Walker & Co., 410 E. Upland Rd, Ithaca, NY 14850) BY THE WEDNESDAY PRIOR TO THE WEEK OF ENROLLMENT.**
 - **LATE registration for Youth Sailing is subject to a surcharge of \$30.**

Enrollment Procedure:

- Member's annual **dues must be paid in full** to register for the summer programs as a member.
- **Vaccination records** must be on file **BEFORE** a child can participate in any program! Please understand that this requirement comes from the County Health Department and is **mandatory**. **Health forms and First Day packets should be brought with sailors on Monday morning.**
- An **application** must be completed for **each** child. This form is an on-going record of each child's participation in the program. As such, the Club would like to know in advance in which session(s) each child is likely to enroll.
- Enrollment and fees (non-refundable) are based on full sessions. **No partial-week enrollments will be accepted,** although a child may choose not to attend all days.

Forms (application, health and payment) may be mailed, faxed, or hand delivered to:

IYC SAILING Program
c/o Sciarabba Walker & Co. LLP
410 E. Upland Rd, Ithaca, NY 14850

TEL: 607/272-5550

E-MAIL: ktorello@swcllp.com (Kati Torello at Sciarabba Walker) FAX: 607/272-8127

Questions regarding registration may be addressed to Kati (Ext 194).

Questions about the program, please email: Sue VanderMeer (Youth Sailing Director) at youthsailing@ithacayc.org

APPLICATION FORM

2017 IYC YOUTH SAILING PROGRAM

Child's name: LAST _____ FIRST _____ AGE _____

Parent's name: LAST _____ FIRST _____

EMAIL: _____ HOME PHONE: _____

DAYTIME WORK PHONE: _____ CELL PHONE: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Enrollment to the Sailing Program will be limited, and is on a first-come-first-served basis. Your place will be reserved upon payment.

Please CIRCLE all sessions in which you wish to enroll above child:
(circle either member or non-member fee):

SESSION	PRICE
<u>Session</u>	<u>(Mem / Non-mem)</u>
<input type="checkbox"/> Session 1 (25 June- 29 July)	<input type="checkbox"/> \$300 / <input type="checkbox"/> \$365
<input type="checkbox"/> Session 2 (2-6 July)	<input type="checkbox"/> \$300 / <input type="checkbox"/> \$365
<input type="checkbox"/> Session 3 (9-13 July)	<input type="checkbox"/> \$300 / <input type="checkbox"/> \$365
<input type="checkbox"/> Session 4 (16-20 July)	<input type="checkbox"/> \$300 / <input type="checkbox"/> \$365
<input type="checkbox"/> Session 5 (23-27 July)	<input type="checkbox"/> \$300 / <input type="checkbox"/> \$365
<input type="checkbox"/> Session 6 (July 30- Aug 3)	<input type="checkbox"/> \$300 / <input type="checkbox"/> \$365
<input type="checkbox"/> Session 7 (6-10 Aug)	<input type="checkbox"/> \$300 / <input type="checkbox"/> \$365
<input type="checkbox"/> Session 8 (13-17 Aug)	<input type="checkbox"/> \$300 / <input type="checkbox"/> \$365
<input type="checkbox"/> Session 9 (20-24 Aug)	<input type="checkbox"/> \$300 / <input type="checkbox"/> \$365

- **Payment and Early Registration for the sessions MUST be received by our business office (Ithaca Yacht Club, Kati Torello, c/o Sciarabba Walker & Co., 410 E. Upland Rd, Ithaca, NY 14850) by the Wednesday prior to week of enrollment.**
 - **Late enrollment for Youth Sailing is subject to a surcharge of \$30.**
 - **Note: All fees are non-refundable.**

- **Enrollment Incentive below for Members only:**

- (1) Enroll your child for four or more weeks for the following fee (non-refundable, payment required before start of first desired session): \$265/week
- (2) Enroll more than one child per family and receive 10% off each additional sibling registration (after taking into account Note (1) if applicable).

- **Estimate child's sailing level at initial session:**

BEGINNER / INTERMEDIATE / ADVANCED

Informed consent: I certify that I am the parent or guardian of this child. I recognize that potential for injury exists in this program and with that knowledge I wish to enroll this child in this program.

Signature: _____ Date: _____

Application and payment should be mailed, faxed, or hand delivered to the address below:

BY THE WEDNESDAY PRIOR TO THE WEEK OF ENROLLMENT

(see PAYMENT SUMMARY FORM):

Ithaca Yacht Club SAILING Program

c/o Sciarabba Walker & Co. LLP

410 E. Upland Rd, Ithaca, NY 14850

TEL: 607/272-5550

E-MAIL: ktorello@swcllp.com (Kati Torello at Sciarabba Walker) FAX: 607/272-8127

Questions regarding registration may be addressed to Kati (Ext 194).

Program questions may be addressed to Sue VanderMeer (Youth Sailing Director) at youthsailing@ithacayc.org

Please have your sailor bring the completed **Health Form** and **the First Day Packet** on Monday when they begin their week of the IYC Sailing Program. Both forms are located on the website, under the sailing/recreation menu option; select: Youth Sailing Registration.

PAYMENT SUMMARY FORM

2018 IYC YOUTH SAILING PROGRAM

Summary form to accompany the application(s).
Must be filled out by each participating family.

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

Please fill in the relevant information :

If this is a Member's application, please state the sailor's family relationship to the member _____
(child, grandchild, nephew,....etc)

If this is a Non-Member's application, please check here : _____

Participating Child(ren):

First Name	Last Name	Age	Date of Birth	Total Fees
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Payment Information:

Payments for each weekly session are due by the end of Wednesday preceding the Session.

The Club would prefer payment by check. Please make checks payable to *Ithaca Yacht Club*.
However, credit cards (Master Card or Visa) may be used.

Total amount of enrollment fees: \$ _____

Of the total, a check is enclosed for: \$ _____

Of the total, charge my credit card now for: \$ _____

Charge my credit card each week for the sessions attended: \$ _____

I authorize the Ithaca Yacht Club to charge my credit card in the amount made clear above.

Credit Card # _____ Expiration Date: _____ 3-Digit CVV Code _____
(Visa/Master Card only)

Address relevant for the Credit Card _____

Cardholder's Signature: _____ Date: _____

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For questions about the program email: Sue VanderMeer (Director) at youthsailing@ithacayc.org