

**COHASSET SAILING CLUB 2017 MEMBERSHIP APPLICATION**

**Membership is open to all Cohasset residents.**

Applications must be completed in full and returned in person with payment at Registration

Student's physical/immunization form must accompany your registration

Saturday, March 18<sup>th</sup> 9am-3pm at the Club house

or Sunday, March 26<sup>th</sup> 1pm-4pm at the Rec Fair

Mail-in applications will be accepted after Registration Day - **\$50.00 late fee after March 26th**

PO Box 111, Cohasset, MA 02025

**2017 dock space renewal must be done in person at the March 18 Registration.**

Parent Name (*Print*) \_\_\_\_\_

Cohasset Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell 1 \_\_\_\_\_

Email \_\_\_\_\_ Cell 2 \_\_\_\_\_

First year student must have completed the fourth grade, or be 10 years old by Labor Day, 2017

| Child's name | Age | A. Explorer (9 year olds) | On swim team?<br>(check) |
|--------------|-----|---------------------------|--------------------------|
|              |     | Level - year              |                          |
|              |     | 1.Sailor                  |                          |
|              |     | 2.Mate                    |                          |
|              |     | 3.Skipper                 |                          |
|              |     | 4.Captain                 |                          |
|              |     | 5.Race team               |                          |
|              |     |                           |                          |
|              |     |                           |                          |
|              |     |                           |                          |

**MEMBERSHIP – required for training & boat slips**

\_\_\_ **GENERAL** (Individuals, Families, Parents w/children under age 23) **\$300.00**  
 \_\_\_ **SENIORS, AGE 60+** Subtract \$100 (-) \$ \_\_\_\_\_  
 \_\_\_ **LATE FEE** – after March 26th \$50 \$ \_\_\_\_\_

**TRAINING (ADDITIONAL)**

\_\_\_ **9 year old Program** (\$150 per child) \_\_\_ X \$150 = \$ \_\_\_\_\_  
 \_\_\_ **Junior Program (10 & up)**(\$300 per child) \_\_\_ X \$300 = \$ \_\_\_\_\_  
 \_\_\_ **Race Team/ Navigator\*** (\$300 per child) \_\_\_ X \$300 = \$ \_\_\_\_\_  
 \_\_\_ **Adult Program** (\$300 per adult/16+) \_\_\_ X \$300 = \$ \_\_\_\_\_

\*Navigator class contingent at this time. Names will be taken but no fees will be due.

**SLIPS AND BERTHS (ADDITIONAL)**

\_\_\_ **DOCK SLIP** Max size 12' x 5.5' (\$400) MS# \_\_\_\_\_ \$400 \$ \_\_\_\_\_  
 \_\_\_ **KAYAK & PADDLE BOARD** Land berths (\$200) \$200 \$ \_\_\_\_\_

*Dock Slips and Berths are re-assigned to last year's holders upon renewal. New applicants are accepted and assigned after - see detailed information, procedure and waiting list at [cohassetsailingclub.com](http://cohassetsailingclub.com).*

\_\_\_ **Donation** (Tax-deductible) \$ \_\_\_\_\_

**I. CHILDREN AND JUNIOR PROGRAM REQUIREMENTS**

I understand that my child(ren) is required to wear a US Coast Guard approved life jacket while on the water or docks. Additionally, my child(ren) is required to wear sneakers or other secure-fitting, closed-toe footwear, appropriate for sailing and offering firm footing on wet surfaces.

Cohasset Sailing Club, Inc. reserves the right to photograph CSC participants for publicity purposes, or to post participant names on the CSC web site for sailing program purposes. CSC also reserves the right to request health and medical information relevant to the safety and wellbeing of the child(ren). I hereby authorize the Cohasset Sailing Club to seek emergency medical assistance for my child(ren) named in this application if the parents/guardians or emergency contact cannot be reached.

**II. CONSENT, WAIVER AND INDEMNITY**

**AGREEMENT (for ALL members and participants)**

I hereby assume all risks and hazards incidental to my participation in the programs of CSC and release, absolve and indemnify and hold harmless CSC, its officers, agents, and employees from any and all liability, loss, damage and expense which may result from any participation in any CSC program. I hereby attest to the fact that I am a competent swimmer and I agree, further, that I will properly wear a US Coast Guard approved life jacket at all times, while participating in on-the-water programs at CSC. Any guest of mine will also be a competent swimmer and wear a US Coast Guard approved life jacket at all times while participating in on-the-water activities at CSC. In addition, I agree that I and my guests must wear sneakers or other secure-fitting, closed-toe footwear appropriate for sailing and offering firm footing on set surfaces. I hereby understand the CSC Code of Conduct, which entails sportsmanlike behavior by all age groups at CSC activities. Failure to respect this code will result in disciplinary action that may include suspension or termination of membership.

We acknowledge and agree that the covenants contained in the foregoing paragraphs are given in consideration of the Club's acceptance of this membership application and in consideration of our use of the Club's premises, boats and facilities during the season.

I/we hereby apply/reapply for membership in the Cohasset Sailing Club, Inc. for 2017 and hereby agree to abide by the Club's established rules and regulations. We also agree to accept the following conditions of membership,

**1. Release and Indemnity**

I/we hereby agree in our own behalf, as members and dock space renters and in the behalf of our children, wards, guests, as parents or guardians of juniors, who participate in the training program, use the Club facilities, or come upon the Club premises: a) to assume all risk incidental to our participation in all activities of the Cohasset Sailing Club, Inc. b) to waive, release, absolve, indemnify and agree to hold harmless the Cohasset Sailing Club, Inc., its organizers, trustees, officers, supervisors, employees and members from any claims arising out of injury to us, our children or wards or guests, or damage to or loss of property belonging to our children, wards, or guests arising out of the use of Club premises, boats or facilities or participation in the Club's training program by us, our children, wards or guests.

**2. Responsibilities for Damage or Loss of Club Property**

I/we hereby agree in our own behalf, and in the behalf of our children, wards, guests, while using any or part of the Club fleet, including sailing craft and incidental equipment, to maintain the craft and equipment in at least the same state of condition as we found them at the time we assumed usage of said property, reasonable wear and tear excepted. We also agree, at the termination of said usage, to report any damage as a result of said usage; and to reimburse the Club for any damages or loss to the boat that may have occurred, other than by reasonable wear and tear; while being used by us, our children, wards, or guests.

**3. Consent, Waiver and Indemnity Agreement (for participants age 17 and under)** I hereby give permission for (please print clearly above – your child's name(s) My son(s)/daughter(s) to practice in all CSC activities, including transportation to/from sailing events. I understand that my child must pass any test required to participate in a program. Junior sailing and rowing participants who are new to CSC must offer proof of swimming ability. The CSC staff, on site, prior to any release or on-the-water activities will conduct this swim test. At the beginning of the season, a participant will be required to swim 25 yards unassisted and to tread water for 2 minutes while clothed. Additionally, the participant will need to get into and secure a life jacket in the water while clothed.

*Applications must be signed, dated, and returned with fees prior to use of club facilities. No reimbursement of fees will be made after the first week of junior classes. By signing below you are agreeing to the above sections which apply to you and/or your family or senior membership.*

**SIGNATURE(s)** \_\_\_\_\_ **DATE** \_\_\_\_\_

**COHASSET SAILING CLUB 2017 JUNIOR  
PROGRAM MEDICAL INFORMATION FORM**

*Please complete a form for each child  
Student's physical/immunization form must accompany your registration*

Student Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardians \_\_\_\_\_

Address \_\_\_\_\_, Cohasset, MA 02025

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Other **Emergency** Phone \_\_\_\_\_

Parent's Email \_\_\_\_\_

Student's Email \_\_\_\_\_

**MEDICAL  
INFORMATION**

1. Any medical/physical condition(s) of which the club staff/instructors should be aware, i.e. Asthma Inhaler, Bee Sting or other Insect Allergies, carries an EpiPen, requires medication during training hours etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If applicable please list any **FOOD ALLERGIES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION  
Other than parent**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Doctor \_\_\_\_\_

Phone \_\_\_\_\_