

Membership Fees

Youth Membership \$75

Family Membership \$150

Volunteer Deposit Policy

For the past twenty-six years Sail Martha's Vineyard's operating model has relied heavily on parent volunteers. This has allowed us to hold down costs and maintain our pricing structure. As all of our lives have become busier and more complicated, there has understandably been a significant reduction in our ability to rely on volunteer support. Since providing public access at an affordable cost is what we are all about, we have developed a new approach that hopefully promotes more volunteer support while providing each family the opportunity to select the option that best works for them.

You will notice that when you now register your child (or children) for the summer program there will be included a \$50 per family "Volunteer Deposit". This deposit is totally refundable in exchange for two hours of your volunteer time (total...not per child). When you volunteer, you will be asked to sign in and sign out and once you have logged the two hours, Sail Martha's Vineyard will refund your Volunteer Deposit by sending you a check. Similar programs have been instituted by a number of non-profits around the country. We appreciate that it will take a bit of getting used to, but we are trying hard to hold course costs at their current levels.

We will communicate our need for volunteers in two ways: (i) by e-mail and (ii) on our website, in all instances giving the date, time, task(s), location and the number of volunteers required. You will be able to sign up on www.signupgenius.com, that link being included both in the e-mails and on our website. Tasks will vary from office help...to waterfront chores...to event support.

Scholarships: Email admin@sailmv.org for application.

Cancellation Policy: There will be no refunds given after June 15th.

Photograph Policy: Sail MV reserves the right to use photos of all children participating in its programs for promotional purposes.

PART II: SAIL MV CLASS/SESSION CHOICES: Please fill in the circle of the class you are signing up for. **For all Beginner Courses, please sign up for one session only.** If space becomes available, you are welcome to sign up for another after June 17.

CLASSES

❖ **MESSING AROUND IN BOATS**

Time: Monday – Friday; 9:00-Noon

- (A) 6/25-6/29
- (B) 7/2-7/6
- (C) 7/9-7/13
- (D) 7/16-7/20
- (E) 7/23- 7/27
- (F) 7/30- 8/3
- (G) 8/6-8/10
- (H) 8/13- 8/17

❖ **MINNOW**

Time: Monday – Friday; 9:00-Noon

- (A) 6/25-7/6
- (B) 7/9-7/20
- (C) 7/23-8/03
- (D) 8/06-8/17

❖ **SCUP**

Time: Monday – Friday; 9:00-Noon

- (A) 6/25-7/6
- (B) 7/9-7/20
- (C) 7/23-8/3
- (D) 8/6-8/17

❖ **MACKEREL**

Time: Monday – Friday; 9:00-Noon

- (A) 6/25-7/6
- (B) 7/9-7/20
- (C) 7/23-8/3
- (D) 8/6-8/17

❖ **STINGRAY**

Time: Monday – Friday; 1:30 – 4:30

- (A) 6/25-7/6
- (B) 7/9-7/20
- (C) 7/23-8/3
- (D) 8/6-8/17

❖ **SWORDFISH**

Time: Monday – Friday; 1:30 – 4:30

- (A) 6/25-7/6
- (B) 7/9-7/20
- (C) 7/23-8/3
- (D) 8/6-8/17

RACING

❖ BRONZE

Time: Monday – Friday; 1:30 – 4:30

- (A) 6/25-7/6
- (B) 7/9-7/20
- (C) 7/23-8/3
- (D) 8/6-8/17

❖ SILVER

Time: Monday – Friday; 1:30 – 4:30

- (A) 6/25-7/6
- (B) 7/9-7/20
- (C) 7/23-8/3
- (D) 8/6-8/17

❖ GOLD

Time: Monday – Friday; 1:30 – 4:30

- (A) 6/25-7/6
- (B) 7/9-7/20
- (C) 7/23-8/3
- (D) 8/6-8/17

SEAMANSHIP

❖ CLIPPER

Time: Monday – Friday; 1:30 – 4:30

- (A) 6/25-7/6
- (B) 7/9-7/20
- (C) 7/23-8/3
- (D) 8/6-8/17

❖ VOLVO

Time: Monday – Friday; 1:30 – 4:30

- (A) 6/25-7/6
- (B) 7/9-7/20
- (C) 7/23-8/3
- (D) 8/6-8/17

❖ VONDEE

Time: Monday – Friday; 1:30 – 4:30

- (A) 6/25-7/6
- (B) 7/9-7/20
- (C) 7/23-8/3
- (D) 8/6-8/17

WINDSURFING

❖ **INTRO WINDSURFING**

Time: Monday – Friday; 9:00 – 12:00

- (A) 6/25-7/6
- (B) 7/9-7/20
- (C) 7/23-8/3
- (D) 8/6-8/17

❖ **INTER/ADV WINDSURFING**

Time: Monday – Friday; 1:30 – 4:30

- (A) 6/25-7/6
- (B) 7/9-7/20
- (C) 7/23-8/3
- (D) 8/6-8/17

MEDICAL AND EMERGENCY INFORMATION

NAME: _____ SEX ___ (M) ___ (F)

ADDRESS: _____

TELEPHONE _____ (H) _____ (W) City _____ Zip _____
 D.O.B ___ / ___ / ___ Age _____

PHYSICAL HANDICAPS: (Please specify injured body parts, weakness, eyeglasses, contacts, hearing aids, etc.)

Please check (X) those that apply: (provide necessary details on reverse of this sheet.)

CHRONIC AILMENTS:	ALLERGIES:
ASTHMA, OR OTHER RESPIRATORY PROBLEMS	MEDICATION
DIABETES OR HYPOGLYCEMIA	BEE STINGS/INSECT BITES
HEMOPHILIA, OR OTHER BLEEDING PROBLEMS	FOODS
CIRCULATORY OR HEART PROBLEMS	OTHER, IF SIGNIFICANT
EPILEPSY	

CURRENT MEDICATIONS, IF ANY: _____

PHYSICIAN'S NAME	PHONE NUMBER	DATE OF LAST EXAM

HEALTH INSURANCE CARRIER	INSURANCE ID NUMBER

CONSENT FOR MEDICAL TREATMENT (MINOR)

As parent or legal guardian of the above-named participant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve life, limb or well being of my dependent.

SIGNATURE: _____ DATE: _____

WAIVER OF LIABILITY:

I, the parent/guardian of the participant agree that I and the participant will release, discharge and/or otherwise indemnify Sail Martha's Vineyard, its affiliated personnel, including owners of the boats and facilities used for the Program, against any claims by or on behalf of the participant as a result of the participants activities in the program and/or while being transported to or from the same, which transportation I hereby authorize.

SIGNATURE: _____ DATE: _____

IN CASE OF EMERGENCY CALL:

NAME	RELATIONSHIP	PHONE NUMBER

SIGNATURE of PARENT: _____ DATE: _____

Sail MV complies with regulations of the Massachusetts Department of Public Health and is licensed by the local Board of Health.