



PONTCHARTRAIN YACHT CLUB

140 JACKSON AVENUE MANDEVILLE, LA 70448 985-626-3192

LITTLE SKIPPERS SCIENCE CAMP APPLICATION (AGES 4-9)

Student Name _____ Nickname _____

Week Attending (Circle One): **June 13-17** **June 20-24** **July 11-15**

Date of Birth _____ New Student _____ Returning Student _____

Check One: _____ Member Rate \$275.00 _____ Non-Member Rate \$300.00

TYPE OF PAYMENT: Member Charge PYC # _____ or Check # _____

Parent/Guardian Name _____

Primary Phone _____ Secondary Phone _____

Primary Email _____ Secondary Email _____

Primary Address _____

Summer Address _____

Emergency Contact 1 (Name/Phone) _____

Emergency Contact 2 (Name/Phone) _____

A completed application must include:

- A. application
- B. Payment in full or account # to bill
- C. Signed medical form
- D. Signed waiver form

Return applications by mail or email to:

Pontchartrain Yacht Club
140 Jackson Avenue
Mandeville, LA 70448
office@pontyc.org

LITTLE SKIPPERS WAIVER

We, the undersigned being an applicant for admission to the Pontchartrain Yacht Club Summer Camp and a parent/guardian of the applicant, do hereby acknowledge that participation in the camp poses certain inherent risks which cannot be avoided and acknowledge that we are accepting those risks.

In consideration of the acceptance of applicant's application, we release and forever discharge the Pontchartrain Yacht Club, its Officers, its Board of Directors, its Camp Instructors, their servants, agents, and employees, from any claim for property damage, injury or death arising out of or during the course of any participation in the Sailing School Program.

We represent that we have and will maintain sufficient coverage under our homeowner's or tenant's liability insurance policy for any negligent acts of applicant in his/her pursuance of school activities.

We further certify that, to the best of our knowledge, the applicant is in good physical condition and suffers from no physical, emotional or mental impairment, which would adversely affect his/her ability to safely participate in sailing activities.

Student Name: _____

Date

Parent/Guardian Name

Parent/Guardian Signature

LITTLE SKIPPERS MEDICAL FORM & RELEASE

Club/Member Name _____

Student Name _____

Date of Birth _____ Sex _____ Height _____ Weight _____

Please list any past medical problems _____

Surgical history _____

Allergies: Medications _____

Foods _____

Other (including Bees, Wasps, Jelly Fish) _____

Current Medication Taken _____

Date of Last Tetanus shot _____

Physician's Name _____ Physician's Telephone _____

Attach recent physical examination (within 24 months of program start date).

Emergency Contacts (at least one should be local):

1. _____
Parent/Guardian Relationship Phone

2. _____
Parent/Guardian Relationship Phone

3. _____
Other Contact Relationship Phone

4. _____
Other Contact Relationship Phone

I, _____, (Parent/Guardian) authorize the program organizers or their employees to sanction emergency treatment if none of the student's emergency contacts or Parent/Guardians can be reached at the time of an emergency.

Parent/Guardian Signature

Date

VISUAL/AUDIO IMAGE RELEASE FORM

I grant permission to Pontchartrain Yacht Club, its employees and agents, to take and use visual/audio images of my child. Visual/audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. I agree that Pontchartrain Yacht Club owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as web sites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as any other uses by Pontchartrain Yacht Club I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them.

I release Pontchartrain Yacht Club and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images.

Student Name: _____

Telephone: _____

Email Address: _____

Mailing Address: _____

I am at least 18 years of age and competent to sign this release. I have read this release before signing. I understand its content, and I freely accept the terms.

Student Signature (if 18 years or older): _____

Parent/ Guardian Signature (if student under 18 years): _____

Date: _____

Tentative Little Skippers Camp Curriculum (Order subject to change)

Day 1: Physical Science: Wind and Forces and Motion (Ramps, inclines, acceleration, wind)

Day 2: Chemical Science (Chemical reactions fast and slow, mixtures, catalysts)

Day 3: Louisiana Wildlife (Walking field trip to Fire Department, Matter, irreversible changes)

Day 4: Chemical Science (Matter, slow and fast changes: Balloon Blow-up)

Day 5: Chemical Science and Natural Sciences (Reversible and irreversible changes)

NOTES: EACH DAY THERE WILL BE POOL TIME (45-60 MINUTES) & WEATHER PERMITTING