

Castleton Youth Sailing Camp

Registration Form (1 per child), for children entering 5th-8th grades



Registration Fee: \$75 per week

Program Schedule:

M-F (1-4pm) at Crystal Beach

- Week 1: July 10-14, 2023
- Week 2: July 17-21, 2023



*Please note: weeks are not differentiated by experience level this year.
Participants may select either/both week(s) of camp!*

To register, please turn in a completed registration form and program fee payment (cash or check) to the Castleton Town Offices, located: 263 VT-30, Bomoseen, VT 05732. The outdoor dropbox is accessible 24/7. Registration will be confirmed by an email from the Recreation Director, assuming full payment has been received and there is room in the camp week(s) selected. You may inquire for updates on your registration status anytime by emailing recreationdirector@castletonvt.org

Please note, space is limited, so register soon to secure a spot! If you'd like to be added to a waitlist, please indicate so on this form. If there are no more spots available upon registration, you'll be informed and refunded as soon as possible.

Parent/Guardian Information	
<i>Please print legibly so we can confirm your registration as quickly as possible.</i>	
First Name	
Last Name	
Email Address	
Phone Number (please provide mobile phone number if available)	
Parent/Guardian Home Address	

Participant Information	
First Name	
Last Name	
Which grade is your child entering? Circle one.	<div>5th</div> <div>6th</div> <div>7th</div> <div>8th</div>
Which week(s) would you like to register for?	<input type="checkbox"/> Week 1 (\$75) - July 10-14, 2023 (1-4pm) <input type="checkbox"/> Week 2 (\$75) - July 17-21, 2023 (1-4pm)
Would you like to be added to a waitlist, if all spots are filled?	<input type="checkbox"/> Yes, add me to the waitlist for the week(s) I registered for. <input type="checkbox"/> No, do not add me to the waitlist.
Behavioral or medical information to be aware of?	
Has the participant had experience sailing before? Please describe. (No experience necessary.)	
Emergency Contact Info	
Emergency Contact <u>Name</u> if other than or in addition to parent/guardian	
Emergency Contact <u>Phone Number</u> if other than or in addition to parent/guardian	
Please list the full names and phone numbers (if possible) of any person permitted to pick up the child at the end of the day.	
Liability Waiver, Photo Release, Refund Policy	
Liability Release Waiver	<p>Signing below means you have read and agreed to the following: I understand that there are risks of physical injury inherent in participating in sports and recreational activities. I understand that the Town of Castleton does not carry health or accident insurance for participants of its programs and strongly advises participants to carry adequate coverage for themselves and their family. I understand that injuries are a possibility as a result of this activity. I agree to hold the Town of Castleton, Castleton Recreation Commission, or anyone associated with this program</p>

	harmless for any responsibility or liability from any injuries or property damage which may arise from my child's/dependent's participation in this program. I also understand that my own medical and/or disability insurance will be used in the event of an injury in any program and that I will be directly responsible for any medical costs.
Photo Release Waiver	Signing below means you have read and agreed to the following: I hereby consent to the use of my or my child's/dependent's photo, video, etc. by the department for flyers, presentations, etc.
Refund Policy	Signing below means you have read and agreed to the conditions: if you no longer wish to participate in the program, withdrawal must occur 1 week before the start date of the program to procure a refund. Other refunds are reviewed on a case-by-case basis.

Date: _____

Name of Parent/Guardian Printed: _____

Name of Parent/Guardian Signed: _____