

# The Corinthian Yacht Club of Philadelphia



## Junior Sailing Camp

P.O. Box 366  
300 West 2<sup>nd</sup> Street  
Essington, PA 19029  
610-521-4705  
[www.cycop.com](http://www.cycop.com)

The Junior Sailing Program at CYCOP continues to grow and expand in our recognition of the youth of CYC. The objective of the program this year is to provide more sailing and education, both on and off the water, to children ages 8 through 17.

This year we have added a 2 week advanced course for young sailors looking to develop their racing skills. To qualify, sailors must have completed at least 2 weeks of previous sailing instruction at Corinthian or another qualified sailing program.

Please review the enclosed documents and pass them along to friends and family members.

## Frequently Asked Questions

### ***What are the camp dates?***

4 weekly sessions running from June 18- July 13

2 week advanced course from July 16-July 27

*(Must have completed at least 2 weeks of sailing instruction)*

### ***What are the camp hours?***

Camp runs from 9AM -4PM. Instructors are available 8AM - 5PM for drop off and pick up

### ***What does the camp cost?***

Cost per session: \$450 for members/affiliates; \$500 for non – members

### ***What are the ages for camp?***

Camp is for children ages 8 to 17

### ***What else does my child need to bring to camp?***

Child needs life jacket, hat, sunscreen, shoes, towel and bathing suit

### ***Does the camp provide lunch?***

Yes, the camp does provide lunch

### ***Does my child need to have sailing experience?***

No experience is necessary

### ***Does the camp offer activities other than sailing?***

Yes, we will offer instruction in canoeing, kayaking, and swimming when the wind/weather does not cooperate for sailing

### ***Does my child need to have a boat to attend camp?***

Camp supplies boats to be used for instruction

### ***Does my child need to be able to swim?***

Yes, your child does need to be able to swim and will have to pass a test

### ***What safety precautions can I expect while my child is on the river?***

Camp Director is US Sailing certified and instructed in first aid

### ***What happens if there is inclement weather?***

Camp occurs rain or shine. Indoor space is provided

THE CORINTHIAN YACHT CLUB OF PHILADELPHIA

2012 Junior Sailing Camp: June 18<sup>th</sup> –July 13<sup>th</sup>

Advanced Sailing Instruction: July 16<sup>th</sup> -July 27<sup>th</sup>

Camp runs daily 9AM-4PM

Sailor's Name \_\_\_\_\_ Age \_\_\_\_\_

Mother's Name \_\_\_\_\_ work phone \_\_\_\_\_

Father's Name \_\_\_\_\_ work phone \_\_\_\_\_

Home Phone \_\_\_\_\_ cell phone \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zipcode \_\_\_\_\_

Email address: \_\_\_\_\_

How did you hear of us:  Club Website  Through a Member  I am a Member  
 Camp Fair  Fundraiser/Auction  Returning Camper  
 Other \_\_\_\_\_

**Lunch and snacks are included in the tuition. Please indicate below if your child has any food allergies**

Please Circle:				
<b>Session(s):</b>	June 18 – 22	June 25-June 29	July 2-6	July 9-13
<b>Advanced Session(s):</b> (See enrollment requirements listed above)		July 16-20		July 23-27
<b>Sailing experience level:</b>		Beginner		Intermediate

Payment

Cost per each weekly session: Members/ Affiliates: \$450 Non-Members: \$500

\$ \_\_\_\_\_ is enclosed or bill my CYCOP membership # \_\_\_\_\_

Space will be held with a deposit of \$100.00 which will be refunded until May 1.

Balance due: May 1, 2012.

Discount Terms

If we receive your payment in full by April 1<sup>st</sup> you may deduct \$20 from each week.

If you bring your own Optimist/420 to camp you may deduct \$50 per week.

If you have a new friend enroll, you may deduct \$20 from each week.

<p>Please mail this form and the enclosed Medical Information Form to:  The Corinthian Yacht Club  P.O. Box 366  Essington, PA 19029  Attn: Junior Sailing Program  cycop.com  Direct any questions to Art Bell, Sail Camp Coordinator, 610-644-6743</p>
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## Medical Information Form

Sailor's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

1) Is your child taking medication? No \_\_\_\_ Yes \_\_\_\_

If yes, please indicate the following:

<u>Reason</u>	<u>Medication</u>	<u>Dosage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2) Does your child have any allergies? No \_\_\_\_ Yes \_\_\_\_

If yes, what type? \_\_\_\_\_

Please explain symptoms and treatment \_\_\_\_\_

3) Does your child have any chronic or re-occurring illness(s)? No \_\_\_\_ Yes \_\_\_\_

If yes, what type? \_\_\_\_\_

4) Is your child on a special diet? No \_\_\_\_ Yes \_\_\_\_

If yes, please explain \_\_\_\_\_

5) Please provide us with any additional information about your child's health that we should be aware of:

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

*I hereby certify that my child is in good health and may participate in all camp activities. I will not hold the Club or any camp personnel responsible in the event of an accident or injury as a result of his or her participation. I also give permission for my child to be given emergency treatment at a local hospital.*

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_