



AFTERSCHOOL ADVANCED 2018 JUNIOR SAILING PROGRAM

LAST NAME		FIRST (NICKNAME)		AGE
CELL PHONE	HOME ADDRESS		PARENT'S EMAIL	
MOTHER'S NAME	MOTHER'S CELL#	FATHER'S NAME	FATHER'S CELL#	
PERSON TO NOTIFY IN CASE OF EMERGENCY		EMERGENCY CONTACT PHONE #		
PLEASE STATE ANY MEDICAL CONDITIONS THE INSTRUCTORS MAY NEED TO KNOW ABOUT:				

CLASS REGISTRATION

FEBRUARY 6th – MARCH 22ND

15 PRACTICES TOTAL • TUESDAYS & THURSDAYS • 4:00pm – 6:30pm

A 10% discount is applied for students using their own boats and for sibling signing up at the same time

USING OWN BOAT YES **SIGNING UP WITH SIBLING** YES

15 PRACTICE SESSIONS: MEMBER \$230 NON-MEMBER \$275

PAY AS YOU GO: \$20

KYC PARKING: Parking is reserved for KYC members only. Non-members may come in to drop off/pick up children for class but if you need to park, please do so on the street and come to the pedestrian gate to be buzzed in.

KYC FACILITIES: KYC facilities, i.e. the pool, are for member use only. Non-member parents waiting for their children are not allowed to swim in the pool or occupy the Gazebo.

PAYMENT ENCLOSED: Payment in full is required for class placement. Fees will be refunded up to 1 day prior to start of the session. No fees will be prorated for missed class time.

TOTAL AMOUNT DUE: _____

PARENT'S CONSENT

I, _____, agree to hold Kaneohe Yacht Club ("KYC"), its officers, employees, and all committees concerned, harmless and free of liability, of any nature whatsoever, for any accident or injury to my child while participating in the 2018 Junior Programs, Regattas or boat rentals* (*members only). In addition, I agree that I will be financially responsible for any damage or loss to any property caused by this participant.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

Please read & acknowledge the Concussion fact sheet on page 2.

OFFICE USE ONLY:

TOTAL PAID: _____ CC/CASH/CHK # _____ DATE: _____ REC'D BY: _____



CONCUSSION FACT SHEET FOR SAILORS

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A sailor should receive immediate medical attention if after a bump, blow or jolt to the head or body he/she exhibits any of the following signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a sailor reports one or more symptoms of a concussion after a bump, blow or jolt to the head or body, he/she should be kept out of athletic play the day of the injury. The sailor should only return on the water with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying working on a computer, or playing video games) may cause concussion symptoms to reappear or get worse. Sailors who return to regatta participation after a concussion may need to spend fewer hours at the event, take rest breaks, be given extra help or time, spend less time reading, writing, or on a computer. After a concussion, returning to sports is a gradual process that should be monitored by a health care professional. Remember: concussion affects people differently. While most sailors with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer. To learn more, go to: www.cdc.gov/concussion.

CONCUSSION AWAREMNESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By name & signature below, I acknowledge that I have received the Concussion Fact Sheet for Sailors provided by the Hawaii Youth Sailing Association and will explain this information to my Junior Sailor.

Print Junior Sailor's Name

Date

Print Parent/Legal Guardian Name

Parent/Legal Guardian Signature

Date