



# North Star Junior Sailing

32041 South River Road Harrison Township, Michigan 48045 (586) 463-2192

## 2019 Enrollment Application

Please fill in the following form as accurately and completely as possible and sign where indicated.  
 Fill out 1 copy of the Medical Consent Form and sign where indicated for every participant  
 Return the entire package with the total payment due to North Star Junior Sailing at the address above.

Applicant						
	<b>Last Name:</b>		<b>First Name:</b>		<b>U.S. Sailing ID #:</b>	
	<b>Home Phone#:</b>		<b>Cell Phone #</b>		<b>E-mail Address:</b>	
	<b>Street Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
Parent/Guardian						
	<b>Last Name:</b>		<b>First Name:</b>		<b>Relationship:</b>	
	<b>Home Phone #:</b>	<b>Cell Phone #:</b>	<b>Work Phone #:</b>	<b>E-Mail Address:</b>		
	<b>Street Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
Desired Program	L2S	Racer	Silver Fleet	Adult L2S	Tuition:	\$
	[ ]	[ ]	[ ]	[ ]	Boat Fee:	\$
Circle Session #	1 2 3	Full	1 2	1 2 3	Work Hours: (Racing Only)	\$120
Fee	\$445 + \$50 Boat Use	\$1050 + \$175 Boat Use	\$550/\$950 + \$100/\$150 Boat Use	\$350	Sub Total:	\$
<b>You may take only <u>ONE</u> of these discounts, if applicable:</b>						
Discount for 2 or more siblings: \$50.00						
Discount for NSSC Jr. Member: \$25.00						
NSSC Member Discount: 50% of NSSC dues up to \$100.00						
Member Name: _____						
Total Due: \$ _____						

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- Because sailing is a water sport, **the student must be able to swim 50 yards without a life preserver.**  
Alternate method: present a valid Red Cross Intermediate or Advance Swimmers card on the first day of class.
- The recommended age for all junior sailors is to be 8 **years old** by the first day of the sailing program. All Race Program sailors must be 9 to compete as racer in DRYA regattas.
- In order to participate in regattas, all **racing program students must be a current member in good standing of US Sailing.**  
To join US Sailing, please go to the US Sailing membership web page at:  
<http://membership.ussailing.org/> A copy of the junior racer's US Sailing membership must be given to the NSJS Program Director prior to the first regatta.
- **The racing program requires parent/student provided transportation to and from regattas at locations including Grosse Pointe Yacht Club, Crescent Sail Yacht club, Detroit Yacht Club, Bayview Yacht club, Pontiac Yacht Club, etc.**
- **Racing Program parents shall assist in transporting boats to off-site regattas.**

**Racer parents are required to donate 8 hours of their time (per family), helping with the NSJS in areas such as transportation, trailering boats, on shore supervision and/or fundraising.**

An assistance dedication deposit of \$120.00 is charged upon registration for Full Season racers.

**The deposit will be returned when assistance hours have been fulfilled.**

- Scholarships may be granted to families demonstrating financial need. For consideration, apply in writing to the NSJS Board of Directors.
- **North Star Sail Club membership discount is for member's immediate family only.**
  - **Fees must be paid in full by the first day of class.**
  - Any payment received after the start of class will have the following fees added.
    - 1-30 days after start: \$10.00
    - 30~60 days after start: \$20.00
    - Over 60 days: \$40.00
  - Classes will be held as described on the *2019 North Star Junior Sailing Programs* page, with **no classes during the Mackinac Race Week July 22-26.**

**NOTICE of PROGRAM HOURS**

The North Star Junior Sailing program is conducted from **9:00 AM to 4:00 PM.**

**Supervisors and Instructors begin duty at 8:30 AM.**

Students may NOT arrive before this time if left unsupervised by a parent or guardian.

**Students must be picked up by 4:30 PM.**

If a situation arises that requires that your student stay beyond this time, you must notify the Program Manager before that time.

The following charges will apply to any student that remains after program hours and must be paid prior to the next scheduled class:

**\$10.00 for pick up after 4:30 PM and before 5:00 PM**

**\$10.00 for each 15 minutes**

**Past 5:00 PM (\$40.00/hr)**

I, the undersigned, acknowledge that I have read the Notice of Sailing Hours, understand and agree to the charges for late pick up of my child.

**Parent / Guardian's Name (Please Print)**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent / Guardian's Signature**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**How did you hear of us? Please tell us how and where you heard of our program.**

\_\_\_\_\_

## CODE OF CONDUCT

In order to maintain a safe and enjoyable learning environment, the North Star Junior Sailors are expected to act in a mature, responsible, safe and sportsmanlike manner; upholding all rules and regulations of the Junior Sailing Program. Junior Sailors shall not subject themselves or any other Junior Sailor to unnecessary hazards or dangerous situations. However, should a student willfully neglect to abide by the rules and regulation, he/she may be subject to the disciplinary action, including, but not limited to:

- **Reprimand**
- **Work detail**
- **Suspension from classes**
- **Probation Contract requiring written student, parent, and program action and follow-up** □  
**Expulsion from program**
- **Fines for malicious abuse of equipment and equipment lost or damaged through the Junior Sailor's negligence.**

North Star Junior Sailing also employs a zero tolerance policy with regards to prohibited activities during program hours or on program premises. This includes the use of alcohol, illegal use of controlled substances, and the carrying of firearms or other weapons. Violation of the zero tolerance policy results in immediate dismissal from the program.

There will be no refunds or pro-rations of fees for suspensions or expulsions in connection with misconduct.

I have read and fully understand the disciplinary consequences for violations of the North Star Junior Sailing Inc. Code of Conduct.

**Student's Signature** \_\_\_\_\_

**Date :** \_\_\_\_\_

**Parent / Guardian's Signature** \_\_\_\_\_

**Date :** \_\_\_\_\_

## RELEASE AND AUTHORIZATION FOR USE OF PHOTOGRAPHS

FOR VALUABLE CONSIDERATION, including the right to participate in the junior sailing program, receipt of which is hereby acknowledged, I hereby grant North Star Junior Sailing the irrevocable right and permission, throughout the world, in connection with the photograph(s) that were taken of me or which I provided to North Star Junior Sailing, the following: the right to use and reuse, in any manner at all, said photographs, in whole or in part, modified or altered, either by themselves or in conjunction with other photographs, in any medium or form of distribution, and for any purposes whatsoever, including, without limitation, all promotional and advertising uses, and other trade purposes, as well as using my name in connection therewith, if North Star Junior Sailing so desires.

I hereby forever release and discharge North Star Junior Sailing from any and all claims, actions and demands arising out of or in connection with the use of said photographs, including, without limitation, any and all claims for invasion of privacy and libel. This release shall inure to the benefit of the assigns, licensees and legal representatives of North Star Junior Sailing.

### Please check *one*:

\_\_\_\_ I am over the age of eighteen years and I have read the foregoing and fully and completely understand the contents.

\_\_\_\_ I represent that the subject of the photographs is a minor and that I am the parent of the minor and that I have read the foregoing and fully and completely understand the contents.

\_\_\_\_\_  
**Subject or parent's signature**

\_\_\_\_\_  
**Print or type subject's name**

\_\_\_\_\_  
**Print or type parent's name**

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**North Star Junior Sailing** staff signature and title

Date: \_\_\_\_\_

## Medical Consent Form

Only completed forms will be accepted. Double-handed skippers and crews must EACH complete and sign separate copies of this form. Please attach a copy of your health insurance card.

NAME OF PARTICIPANT: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

In the event of an accident or injury to myself, my spouse, or any child of mine (specifically including my child named above as "Participant") or in the event of illness of myself, my spouse, or any child of mine while on or about the premises of the Host Club/Organization while participating in an event under the auspices of the Host where I am unable to consent or am not present:

1. I hereby voluntarily consent to the furnishing to myself, spouse, or any child of mine of such medical care and treatment by any hospital or physician(s) as the hospital or physician(s) deem necessary or advisable.
2. I authorize any officer or member of the Host to consent to such medical care or treatment.
3. I agree to pay the reasonable cost of such medical care or treatment and to indemnify and hold free and harmless of all liability for such cost the Host and US Sailing and its officers and members.

I hereby authorize any x-ray examination, anesthetic, medical or surgical diagnosis or procedure supervised by any member of the medical staff or a dentist licensed under the State Education Law and/or Public Health Law of the State and of the staff of any hospital holding a current operating certificate issued by the State Department of Health. This authorization is given in advance of any specific diagnosis, treatment or hospital care being required in order to provide authority to render care, which the aforementioned physician in his best judgment may deem advisable. Effort shall be made to contact me before rendering treatment to the patient, but any of the above treatment will not be withheld if I cannot be reached.

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

Date: \_\_\_\_\_

**IN CARE OF EMERGENCY CALL:**

Name:	Relationship:	Phone #:

**PHYSICIAN WHO CONDUCTED YOUR MOST RECENT EXAM:**

Name:	Phone #:	Date of Exam:

**INSURANCE INFORMATION:**

Insurance Carrier Name:	Insurance ID Number:

**MEDICAL AND EMERGENCY INFORMATION**

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ (M) \_\_\_\_\_ (F)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

THE PARTICIPANT AND HIS OR HER PARENTS MUST ANSWER THE FOLLOWING QUESTIONS AS ACCURATELY AND COMPLETELY AS POSSIBLE:

<b>CHRONIC AILMENTS:</b>		<b>ALLERGIES:</b>	
ASTHMA OR OTHER RESPIRATORY PROBLEMS		MEDICATION	
DIABETES OR HYPOGLYCEMIA		LATEX	
HEMOPHILIA, OR OTHER BLEEDING PROBLEMS		BEE STINGS/INSECT BITES	
CIRCULATORY OR HEART PROBLEMS		IF YES, DO YOU CARRY AN EPIPEN?	
EPILEPSY/SEIZURE		FOODS	
OTHER		OTHERS, IF SIGNIFICANT	

DATE OF LAST TDAP SHOT (TETANUS, DIPHTHERIA, ACELLULAR PERTUSSIS) SHOT: \_\_\_\_\_

CURRENT MEDICATIONS AND DOSES (if any) \_\_\_\_\_

DETAILS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE MAKE SURE YOU HAVE FILLED IN ALL THE NECESSARY INFORMATION.**

**ATTACH A COPY OF YOUR HEALTH INSURANCE CARD TO THIS FORM.**

**THANK YOU!**

## CONCUSSION AWARENESS FORM

### **Educational Material for Parents and Sailors (Content Meets MDCH requirements)**

Sources: Michigan Department of Community Health. CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

#### **Understanding concussion, Some Common Symptoms:**

- |                               |                           |                            |
|-------------------------------|---------------------------|----------------------------|
| • <b>Headache</b>             | <b>Sensitive to Noise</b> | <b>"Feeling Down"</b>      |
| • <b>Pressure in the Head</b> | <b>Sluggishness</b>       | <b>Not "Feeling Right"</b> |
| • <b>Nausea/Vomiting</b>      | <b>Haziness</b>           | <b>Feeling Irritable</b>   |
| • <b>Dizziness</b>            | <b>Fogginess</b>          | <b>Slow Reaction Time</b>  |
| • <b>Balance Problems</b>     | <b>Grogginess</b>         | <b>Sleep Problems</b>      |
| • <b>Double Vision</b>        | <b>Poor Concentration</b> | <b>Memory Problems</b>     |
| • <b>Blurry Vision</b>        | <b>Sensitive to Light</b> |                            |

#### **WHAT IS A CONCUSSION?**

**A concussion is a type of traumatic brain injury** that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the sailor reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A sailor who may have had a concussion should not return on the water on the day of the injury and until a health care professional says they are okay to return on the water.

#### **IF YOU SUSPECT A CONCUSSION:**

**1. SEEK MEDICAL ATTENTION RIGHT AWAY** – A health care professional will be able to decide how serious the concussion is and when it is safe for the sailor to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.

**2. KEEP YOUR SAILOR OUT OF PLAY** – Concussions take time to heal. Don't let the sailor return on the water the day of injury and until a health care professional says it's okay. A sailor who returns on the water too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the sailor for a lifetime. They can be fatal. It is better to miss one regatta than the whole season.

**3. TELL THE STAFF ABOUT ANY PREVIOUS CONCUSSION** – Regatta organizers should know if a sailor had a previous concussion. A sailor's regatta organizers may not know about a concussion received in another sport or activity unless you notify them.

#### **SIGNS OBSERVED BY PARENTS:**

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

#### **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 s/he exhibits any of the following danger 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/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, s/he 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 the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Sailors who return to the regatta after a concussion may need to spend fewer hours at the event, take rests breaks, be given extra help and 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](http://www.cdc.gov/concussion).

**Parents and Sailors Must Sign and Return the Educational Material acknowledgement Form**

**CONCUSSION AWARENESS**

**EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM**

By my name and signature below, I acknowledge in accordance with Michigan Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Sailors provided by the North Star Junior Sailing.

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Print Participant's Name	Participant's Signature	Date
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Print Parent/Guardian Name	Parent/Guardian Signature	Date
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Please return this signed form to North Star Junior Sailing who must keep it on file for the duration of participation or age 18. Participants and parents please review and keep the educational materials available for future reference.