



## Little Washington Sailing Club Application Packet

Forms included are:  
Guidelines  
Application\*  
Memorandum of Understanding\*  
Medical Consent Form\*  
& Waiver of Liability\*

\* These forms must be returned to WHDA with payment  
in order to complete the application process.

Washington Harbor District Alliance

P.O. Box 1988  
102 E. 2<sup>nd</sup> Street, Suite 311A  
Washington, NC 27889

Phone 252.946.3969

Email: [dwow@washingtononthewater.com](mailto:dwow@washingtononthewater.com)  
Web site: [www.whda.org](http://www.whda.org)

# GUIDELINES

## LITTLE WASHINGTON SAILING CLUB

The goal of Little Washington Sailing Club is to provide a youth sailing program that will be available to young people in the Washington area. The program is intended to promote self-reliance, awareness of safety, sportsmanship, team work, self confidence and respect for others, and is an appropriate eco-friendly use of the waterfront. The curriculum will introduce seamanship and the fundamentals of sailing to beginners. Students will be encouraged to help one another with rigging, launching, retrieval and maintenance of boats and equipment.

### 420 Program

The Vanguard Club420 is a dinghy sailed by two persons. We use the Club420 for teaching beginners in developing their sailing skills. Students must be between the ages of 10 and 18 and weigh a minimum of 70 lbs. Two classes per day will be scheduled; one in the morning and one in the afternoon.

All sessions of classes will be located on the Pamlico River in Washington. Students will be checked in and given orientation for each session.

Each student is required to submit the **Application** along with the **Memorandum of Understanding, Medical Information Consent Form, and Waiver of Liability** signed by student and parent or guardian, and returned to the WHDA Office prior to the first day of class!

Success of the program depends upon the cooperation of all students. Students, parents and/or guardians are encouraged to volunteer their assistance with classes and activities. Parents are asked to ensure that all students engage in appropriate conduct and adhere to regulations and safety which is of the utmost importance. **Behavioral problems will be dealt with promptly.** Tuition and other fees may not be reimbursed **should behavioral problems, safety or disruption of the program result in dismissal from the class.**

Students need no prior sailing experience, but should be confident swimmers. They will learn basic boat handling skills, the parts of the boat, rules of the road, and basic sailing theory. **Each student must demonstrate** the minimum swimming skills prior to being accepted in the program.

The **Application Packets** are available in the Tourism Development Office (Visitors Center) at 138 S. Market Street, and other areas as may be designated on the website: [www.whda.org](http://www.whda.org) A fee schedule is listed on the application. T-shirts with the Little Washington Sailing Club Logo will be given to each participant.

### Forms, Rules, Equipment required

The enclosed forms must be signed by the student and parent or guardian. The completed forms must-be returned prior to the first day of class.

**Medical Information Consent Form** - This form is most important so that in the event of an illness or accident your child will receive proper care.

**Memorandum of Understanding** and **Waiver of Liability** - Information in these statements should be read together by student and parent or guardian so that all points are understood. The **Behavioral Rules and Guidelines** should also be read and studied.

## Safety

For the safety of all, no one other than those participating in the program will be allowed on the docks or in the boats during any session of classes.

While on the docks, in boats and in the water, everyone will wear a U.S. Coast Guard approved personal floatation device, PFD, also called a life jacket. Parents, instructors, and students are included. Life jackets will be provided for each student during sailing classes, however, students may use their own personal approved life jacket.

Students, instructors and others participating in the program will wear deck or boat shoes while on the docks, in the water or on the ground area. For safety reasons, sandals, flip-flops and similar footwear is strictly prohibited. Tennis shoes are acceptable. Anyone who does not follow the safety rules or who does not have the proper PFD and boat or tennis shoes will not be allowed to participate in the program.

## Swimming Test

A swimming test will be administered, the first day of class. Under supervision and approval of an instructor the student will be required to tread water for 3 minutes and swim **25 yards, without a life jacket. There will be no exceptions or special considerations for the swimming test.**

## Weather

Should the weather be unsuitable for water instructions, the instructor may select other boating related activities. Any class that cannot be completed due to inclement weather may be rescheduled for another day.

## Classes

Weekly sessions of classes may vary. Classes will last for three (3) hours with one in the morning and one in the afternoon. Class schedules will be listed on the applications, and may be adjusted from time to time.

## Youth Groups on the River

The LWSC will devote time to taking youth on the river to experience the joy of sailing, independent of the course instruction. It is hoped this experience will encourage these youth to participate in the course. The age range will be the same as the course guidelines, 10-18 years of age, with no exceptions. Groups such as the Boy and Girl Scouts, church youth groups and other organizations will be encouraged to submit a list of proposed names. Any exceptions to this rule will be made by the Chief Instructor only.

## Behavioral Rules and Guidelines

To insure a safe and fun environment, it is important that parents or guardians and the student review these rules and guidelines. Cooperation and strict adherence to the rules are essential for the program to succeed. Appropriate behavior is expected at all times.

- Be Prompt. Students must be ready to start classes on time. Students should be dropped off no earlier than 15 minutes before the start of class and must be picked up within one half hour after class.
- Students are subject to the instructions of the Little Washington Sailing Club's Youth Sailing Committee, the instructors and/or others working during specific instruction sessions.
- No running, pushing, or shoving will be allowed in the boats, parking area, classroom, or on the docks.

- Observe the boundaries, both on the water and on shore, as established by the instructors.
- The word of the instructor is absolute, and students are expected to obey at all times.
- Life jackets are to be worn at all times while on dock, in a boat or in the water. Boat or tennis shoes must be worn at all times.
- Students will pick up their own trash and keep all personal belongings in a neat and orderly fashion.
- Students will show respect for equipment and property.
- Students will show respect for their peers, instructors and other individuals.
- Report any injuries or accidents to the instructor immediately. Accident reports will be completed.
- Cell Phone use during class day is prohibited. Cell phones must stay in backpacks and if a student is in need of making a call to parents or guardian, they must do so with permission of instructor.
- Bring lots of fluids: water, juice, low-sugar/no-caffeine beverages are best. (NO glass containers)
- **Physical violence, throwing of objects, obscene language or otherwise disruptive behavior will not be tolerated. Should this occur, the parent/guardian will be notified. Any further occurrence will result in the expulsion of the student with no refund.”**

The Mission of Washington Harbor District Alliance (WHDA) is to revitalize downtown, which includes promoting downtown as a place to live, shop, work and be entertained. As part of that mission the Little Washington Sailing program is created to encourage children and adults to experience the joy of recreational sailing along the Pamlico River waterfront.

**APPLICATION**  
**Little Washington Sailing Club**  
**Washington, North Carolina**

**FEE: \$200 per session**

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Parent's Name \_\_\_\_\_ Signature \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Any prior sailing experience \_\_\_\_\_

Photos of my child, taken during sailing classes, may be used to promote the sailing program: YES\_\_NO\_\_

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**Please Circle preferred Session either AM or PM**

**8:30 to 11:30      or      1:30 to 4:30**

**Session 1**    June 14 - June 25 (AM / PM)

**Session 2**    June 28 – July 9 (AM / PM)      **Session 3**    July 12 – July 23 (AM / PM)

**Session 4**    July 26 – August 6 (AM / PM)      **Session 5**    August 9– August 20 (AM / PM)

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Session dates and time will be assigned on a first come basis.

**Session Space cannot be guaranteed until payment has been received.**

T-shirt size – adult sizes – check one     S     M     L     XL

**Make checks payable to: Washington Harbor District Alliance (WHDA)**

Personal Checks/cash only

Submit application & forms with payment to:

WHDA

P.O. Box 1988

Washington, North Carolina 27889

Cancellation refunds must be requested two weeks prior to the first session date.

Contact [dwow@washingtononthewater.com](mailto:dwow@washingtononthewater.com)    Phone 946-3969 for more information

**For official use**

Payment Received    \$ \_\_\_\_\_ Ck # \_\_\_\_\_ Cash \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

05/25/10

# MEMORANDUM OF UNDERSTANDING

## Little Washington Sailing Club

The sailing course you are about to begin is an exciting and demanding challenge, and you need to be aware of what will be involved in the course and be willing to study and practice to achieve success.

The first day of class, all students are required to take a swimming test, which consists of treading water for 3 minutes, and swimming 25 yards without a life jacket. A U.S. Coast Guard approved life jacket will be provided for your proper weight and size. Life jackets should be worn at all times during the class.

Boat or tennis shoes will be worn at all times. Sandals, flip-flops and similar footwear are unacceptable since they do not properly protect your feet and toes. Boat or tennis shoes with soft, non-skid soles and toe bumpers, uppers of fabric or leather, with tied lacing are acceptable. Boat or tennis shoes assist in preventing injuries from slipping on wet surfaces, cutting feet on broken glass and oyster shells, and stubbing or breaking toes.

To be more comfortable in your environment, bring a change of clothing, a towel, and a bag in which to keep your belongings. For health and safety, bring sunglasses, a hat or visor, sunscreen, and a **bottle of water**. Put your name on all items you bring to class.

### Student Agreement

I understand that in entering this sailing course I agree to obey all program rules as stated by the Little Washington Sailing Club, the instructors, volunteers and staff; that I will use the utmost care in the use of boats and equipment; that I will not engage in any horseplay or other disruptive behavior. I understand that failure to attend classes, arrive/leave promptly, and abide by the rules may result in my dismissal from the program.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent/Guardian Agreement

I/We have read the student information booklet. I/We understand the content of this statement and agree to see that our child adheres to the program rules; to assume the obligation for the expenses of repair and/or replacement of program equipment that is attributable to my child's reckless or irresponsible behavior; and to make an appointment for a parent-child-instructor conference if requested.

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

# Little Washington Sailing Club

## MEDICAL INFORMATION CONSENT FORM

### Office Use:

Last Name \_\_\_\_\_

Session \_\_\_\_\_

Boat \_\_\_\_\_

Student Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

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

E-mail \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Phone: Business: \_\_\_\_\_ Home: \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Phone: Business: \_\_\_\_\_ Home: \_\_\_\_\_ Cell \_\_\_\_\_

Guardian's Phone: Business: \_\_\_\_\_ Home: \_\_\_\_\_ If parents or guardians cannot be reached, other person to contact in an emergency.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

### Doctor & Medical Insurance

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone \_\_\_\_\_

### Physical Consideration

Date of last physical Examination: \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

Allergies to foods and drugs: \_\_\_\_\_

Vaccinations current? \_\_\_\_\_ Medications you take: \_\_\_\_\_

Are there learning or physical disabilities that would prevent full participation in the program? \_\_\_\_\_

Describe any medical considerations, needs, or concerns about which we should be aware; please be Specific: \_\_\_\_\_

### Medical Consent

The undersigned represent that they are the parents/guardians of the student named above, In the event of illness or injury of said student, while participating in the Little Washington Sailing Club, sailing program, agree as follows, and provided the undersigned is unavailable:

1. The undersigned consents to furnishing said student such medical care, attention, and treatment by any hospital or physician or dentist as such hospital or physician or dentist deems necessary or advisable.
2. The undersigned authorizes any officer or instructor or staff member of the Little Washington Sailing Club to consent to such medical care, attention, or treatment.
3. The undersigned shall pay costs of such medical care, attention, or treatment, and shall indemnify and hold free and harmless from any and all liability for such cost the Little Washington Sailing Club its instructors and volunteers; Washington Harbor District Alliance and it's officers and staff, North Carolina Partnership for the Sounds and the City of Washington.

**PARENTS/GUARDIANS** \_\_\_\_\_ **DATE** \_\_\_\_\_

# WAIVER OF LIABILITY

WASHINGTON HARBOR DISTRICT ALLIANCE ("WHDA")

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISK AGREEMENT FOR SAILING ACTIVITIES

## PLEASE READ CAREFULLY BEFORE SIGNING

I, \_\_\_\_\_, do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with sailing activities. I fully understand that these risks can lead to personal injury, illness, paralysis, permanent disability, and death or damage to my property. Additionally, I understand that there are also risks associated with sailing, including, but not limited to the possible injury or loss of life as a result of a boat accident, as well as travel to and from activity sites, drowning, capsizing, rough water conditions, water hazards, sailing in unfamiliar water, using sailing equipment, injuries inflicted by animals, insects, reptiles or plants, accidents or illness in remote places without medical facilities, man-made objects in the water or on land including but not limited to: ropes, bridge pilings, piers, boat ramps, bulkheads, rip-rap, and submerged hazards, the forces of nature including lightning, weather changes, water level changes and others not named and my physical condition and the physical exertion associated with sailing. Despite the potential hazards and dangers associated with the activity of sailing, I voluntarily agree to participate in the sailing activity and hereby accept and assume all such risks, known and unknown, and assume all responsibility for the losses, costs and/or damages following such injury, disability, paralysis or death, even if caused, in whole or part, by the negligence of WHDA.

I understand the nature of the sailing activity and my experience and capabilities, and believe myself qualified and able to participate in the activity. I affirm that I can swim, and I agree to wear a personal flotation device (life preserver) while participating in this activity. I understand that I may inspect the premises, facilities and equipment to be used or with which I may come in contact. If I believe anything is unsafe, I will immediately refuse to participate further in the sailing activity. I understand there is no penalty or forfeiture of any sort if I withdraw.

In consideration of being allowed to participate in the sailing activity, as well as the use of any of the facilities and the use of the equipment of the below listed releases, I hereby agree as follows:

(1) TO WAIVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive, with the exception of intentional, wanton or willful misconduct, that I may have in the future against any of the following named persons or entities and their officers, directors, employees, representatives, agents and volunteers:

City of Washington, NC; WHDA, Little Washington Sailing Club, their employees, volunteers and Instructor(s)

(2) To release WHDA, its officers, directors, employees, representatives, agents and volunteers, from liability and responsibility, whatsoever, for any claim of action that I, my estate, heirs, executors or assigns may have for any personal injury, property damage or wrongful death arising from the sailing activity whether caused by active or passive negligence of WHDA or otherwise with the exception of gross negligence. By executing this document, I agree to hold WHDA harmless for any injury, including paralysis or permanent disability, or loss of life which may occur during the sailing activity and/or instruction.

(3) By entering into this agreement, I am not relying on any oral or written representation or statements made by WHDA, other than what is set forth in this agreement. I further agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of North Carolina.

(4) If any provision of this release is found to be unenforceable or invalid, that provision shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable provision had never been contained in this document.

With the activity having been fully explained to me and all of my questions answered to my satisfaction, I agree to participate in the activity, fully aware of the activities and risks that may be involved. I also understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me.

I HAVE READ THIS AGREEMENT; I UNDERSTAND IT AND I AGREE TO BE BOUND BY IT.

Participant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

05/25/10

**If participant is a minor (under 18 years of age), a parent or guardian must also sign this form.**

MINOR'S RELEASE

I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BOATING ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE. I THE MINOR OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAME ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST WHICH MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Parent or Guardian's Signature

Date

Printed name of parent or Guardian:

Address:

Phone#

Witness Signature

Date:

Printed Name