

CYC's First Mates Program, 2022

Information: First Mates is a summer program for children ages 5-7. Children must be 5 years old before the class date. Classes are limited to 10 participants. Members have priority space from February 15 until March 15. After March 15, non-member guest registrations will be used to fill in the classes. Members who register after March 15 will be accepted on a space available basis.

Dates: June 28 – August 11; one-week sessions that run Tues, Wed, and Thurs from 9am - 12pm.

Cost: \$100/child/week for members; \$125/child/week for non-members

Schedule for 2022

Week 1: June 28, 29, 30 Sailing

Week 2: July 5, 6, 7; Sailing

Week 3: July 12, 13, 14; SUPs & Kayaking

Week 4: July 19, 20, 21; Sailing

Week 5: July 26, 27, 28 Sailing

Week 6: August 2, 3, 4 Sailing

Week 7: August 9, 10, 11; SUP/Kayaking

Sailing for Beginner's:

June 28 - 30, July 5 - 7, July 19 - 21, July 26 – 28, August 2 - 4

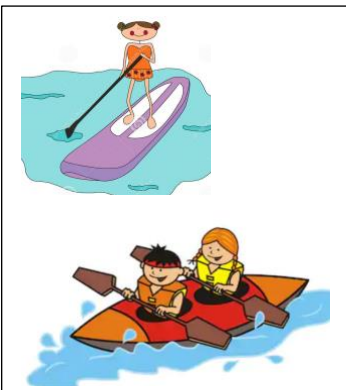


Sailing is fun! The aim of this class is to help kids feel relaxed and confident in boats and have fun! Children will learn sailing basics in a safe environment. They will sail Hunter 140s in larger groups with an instructor in each boat. Children will participate in activities related to sailing, seamanship, and the marine environment, including crabbing and net fishing. Breaks for snacks and games will be included each morning.

Drop off for First Mates sailing is in the far end of the junior sailing room (room with a purple floor), which is under the back porch of the main club house. Please use the east facing door (door closer to the back steps) to drop off & pick up.

SUPs & Kayaking

July 12 – 14 & August 9-11



First Mates will experience stand up paddle boarding and kayaking. There will be shore-based instructors for those who would rather explore the shoreline and play in the sand. Life jackets are required due to the general swimming inexperience of this age group. Children should bring the following: water bottle, snack, towel, sunscreen, water, hat, warm layer, anything else they'd like or need for a morning at the beach.

Location (& drop off) is tbd and will be communicated in June.

Registration for First Mates

Fill in this form along with the attached CYC Junior Activities Waiver, and mail both with a check to CYC: P.O. Box 257, Jamestown, RI 02835 or fax to 401-423-2990.

\$100 per week for members, \$125 for non-members

Child's Name 1.) _____ 2.) _____

Birth Date 1.) _____ 2.) _____

Parent Name _____

Member Number _____ Telephone _____

Email Address _____

Please check next to First Mates camp week(s) for which you are registering:

(*If registering multiple children on one form, put the child's name next to each week)

- | | | |
|--|----------------------|-------|
| <input type="checkbox"/> Sailing for Beginners | June 28 - 30; Week 1 | _____ |
| <input type="checkbox"/> Sailing for Beginners | July 5 - 7; Week 2 | _____ |
| <input type="checkbox"/> SUPs & Kayaking | July 12 - 14; Week 3 | _____ |
| <input type="checkbox"/> Sailing for Beginners | July 19 - 21; Week 4 | _____ |
| <input type="checkbox"/> Sailing for Beginners | July 26 - 28; Week 5 | _____ |
| <input type="checkbox"/> Sailing for Beginners | August 2 - 4; Week 6 | _____ |
| <input type="checkbox"/> SUPs & Kayaking | August 9-11; Week 7 | _____ |



CONANICUT YACHT CLUB

Founded in 1892



CONANICUT YACHT CLUB JUNIOR ACTIVITIES
MEDICAL RELEASE AND LIABILITY WAIVER

****All children participating in any Jr. Activities are required to submit this Medical Release/Liability form/**
****Please print and list child's last name if different from parent/guardian.**

Child(ren)'s Name: (1) _____ (2) _____
(3) _____ (4) _____

Parent/Guardian: _____ Home phone: _____

Cell phone: _____ Work phone: _____

Address: _____

1. Person(s) to contact in case of emergency: _____ telephone: _____

2. Person(s) to contact in case of emergency: _____ telephone: _____

Child's Physician: _____ telephone: _____

Health Insurance Company: _____ Policy # : _____

Medical or other problems the staff should be aware of (ie: allergies, etc.): _____

In the event that my child(ren) should become ill or injured, I authorize emergency medical care, treatment by a physician and/or a medical treatment facility. I hereby release, absolve, indemnify and hold harmless the Conanicut Yacht Club, its staff, trustees and members from any liability resulting from my child(ren)'s participation in Club sponsored activities, including, but not limited to my child(ren)'s arrival, departure and/or transportation to and from the Club.

Date: _____

(signature: Parent/Guardian)

My child(ren) will commute to the Junior Activity Program(s) by: (circle all that apply)

Automobile Bicycle Walk Other

Person(s) authorized to pickup my child(ren) **other than those persons listed above:**

Name Relationship Telephone

