



## **AHSEP Enrollment Information Hobie Wave 14 Sailing Classes**

**Youth: Thursdays July 27 & August 3  
5:30 – 8:30**

**Adults: Saturdays July 29 & August 12  
1:30-4:30**

The 2017 Hobie Wave 14 Sailing Classes will be a pilot program being offered by the Atlantic Highlands Sailing Education Program (AHSEP) in cooperation with the Sandy Hook Bay Catamaran Club (SHBCC). AHSEP will be providing the Series 1 Level instructors and chase boats and SHBCC will be providing the use of six club-owned and member-owned Hobie Wave 14 sailboats for use by the program. The program will be limited to 12 students per session (2 students per vessel), and therefore enrollments are limited. Enrollments are granted in the order that forms and payments are received by Eligible Candidates\*.

Eligible Candidates for the Thursday sessions are youth (under the age of 18) who have completed the "Advanced" AHSEP sailing instruction course (or have equivalent experience) and are interested in learning the fundamentals of sailing a Hobie Wave 14.

Eligible Candidates for the Saturday sessions will be adults (18 or older) who are either new to sailing or have sailing experience and are interested in learning the fundamentals of sailing a Hobie Wave 14.

Eligible Candidates for either sessions must also have basic swimming skills, be comfortable with water activities, and have the physical ability, flexibility, endurance, strength and agility to execute the skills required for the sport of sailing (including hiking, tacking, gybing, un-capsizing and hauling the Hobie Wave 14s on dollies to and from the water).

\*AHSEP reserves the right, at its sole discretion, to reject any candidate who does not meet the eligibility requirements as stated herein.

Enrollment packages must be complete or they cannot be accepted. If classes are full, you will be automatically placed on the waiting list. You will then have the option of enrolling if dropouts occur. **Enrollment deadline for the Thursday classes is July 24<sup>th</sup>. Enrollment deadline for the Saturday classes is July 26<sup>th</sup>. Late entries may be considered at the discretion of AHSEP if spots remain available in any of the classes.**

Refunds for cancellations will be made provided that written notice of your cancellation is received prior to **July 21, 2017** (with a \$20 processing fee). This is to allow AHSEP time to contact wait-listed students. Please note that we will not refund missed classes or withdrawals after July 21, 2017. On 'No Sail Days' where conditions are not conducive to sailing because of unfavorable conditions, no wind, etc. AHSEP will attempt to schedule a make-up class.

For the Thursday night sessions reserved for youth under the age of 18, parents are welcome to watch the lessons from the shoreline. However, please note that parents are not permitted on the chase boats.

### **A complete application for each student must contain:**

- Enrollment Form
- Medical Form
- Executed Waiver forms for both AHSEP and SHBCC
- Tuition Check for full amount made payable to 'AHSEP' due with the application.

**Each student should come dressed appropriately for the weather, assuming they will get wet.**

**Each student must bring, to every class:**

- **USCG approved Type II or Type III Lifejacket** (*Sized appropriately and with compliant weight restrictions for each youth or adult*)
- **Refillable Water Bottle** (Students can refill their water bottle through our on site filtration system).
- **Boat Shoes, Water Shoes, or Sneakers Mandatory** (*No sandals, "Teva's", "flip-flops", or other open toed shoes that may fall off or risk foot injury.*)

**Recommended Items to Increase Comfort:**

- Sunblock
- Towel
- Hat with visor
- Sunglasses
- **Jacket for cool days** (It sometimes can be cooler on the water than at your house.)

**Questions about the programs can be directed to:**

Email us at [ahsep01@gmail.com](mailto:ahsep01@gmail.com). Please note that we are all volunteers so we will respond as soon as we can.

**Keep an eye on your email for information about special events and announcements – and follow us on Facebook!**



## AHSEP Enrollment Form -- Hobie Wave 14 Sailing Classes

Please provide the following information, **using one form for each enrolling student.**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

***Please give an e-mail you check often. We will send out announcements.***

e-mail A: \_\_\_\_\_

e-mail B: \_\_\_\_\_

e-mail C: \_\_\_\_\_ (Student's email is OK, too.)

Emergency Contact #1 Name (if a minor, a Parent or Guardian): \_\_\_\_\_

Contact #1 Relationship to Student: \_\_\_\_\_

Contact #1 Phone: (specify type) \_\_\_\_\_

Contact #1 Phone: (specify type) \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_

Emergency Contact #2 Relationship to Student: \_\_\_\_\_

Emergency Contact #2 Phone: (specify type) \_\_\_\_\_

Emergency Contact #2 Phone: (specify type) \_\_\_\_\_

Experience Level (include past sailing experience and/or sailing instruction courses completed):  
\_\_\_\_\_  
\_\_\_\_\_

### **Youth Program Dates & Tuition – Enrollment Deadline July 24, 2017**

Session 1: Thursday – July 27, 5:30-8:30pm \$55

Session 2: Thursday, August 3, 5:30-8:30pm \$ 55

Combined Session 1 & 2: Thursdays, July 27 & August 3 5:30-8:30pm - \$100

### **Adult Program Dates & Tuition – Enrollment Deadline July 26, 2017**

Session 1: Saturday – July 29, 1:30-4:30pm \$65

Session 2: Saturday, August 12, 1:30-4:30pm \$ 65

Combined Session 1 & 2: Saturdays, July 29 & August 12 1:30-4:30pm - \$120

***Make checks payable to: "AHSEP"***

***Class notes: Depending on the number of participants, Students may be paired in a sailboat. Students will be grouped in sessions by ability.***

***Mail this Enrollment Form and the attached Medical & Emergency Information Form and the AHSEP and SHBCC Waiver & Release forms with payment to:***

***AHSEP, PO Box 43, Atlantic Highlands, NJ 07716***



# Medical & Emergency Information Form

This form must be completed and signed by you or your parents (if you are a minor) and submitted along with your course enrollment.

Name \_\_\_\_\_

Birth date \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
(Street, City, State, Zip)

Do you have a history of, or do you currently have any **physical limitations** that might prevent you from fully participating in this course? Yes \_\_\_ No \_\_\_ If yes, please specify on reverse.

Do you have any **disability** that might prevent you from fully participating in this course?

Yes \_\_\_ No \_\_\_ If yes, please specify on reverse.

Please check (√) those that apply and provide necessary information alongside.

*Chronic Ailments*

Asthma, or other respiratory problems \_\_\_\_\_

Circulatory or heart problems \_\_\_\_\_

Diabetes or hypoglycemia \_\_\_\_\_

Epilepsy \_\_\_\_\_

Hemophilia, or other bleeding problems \_\_\_\_\_

*Allergies*

Insect bites \_\_\_\_\_

Bee stings \_\_\_\_\_

Foods \_\_\_\_\_

Drugs \_\_\_\_\_

Others, if significant \_\_\_\_\_

**Current medications or pertinent information:**

Blood type \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Family physician name \_\_\_\_\_ Phone \_\_\_\_\_

Date of most recent physical examination \_\_\_\_\_

Where are your medical records kept? \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Insurance ID \_\_\_\_\_

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the Education Law and/or Public Health Law of the State of New Jersey and on the staff of any hospital holding a current operating certificate issued by the Department of Health of the State of New Jersey. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the above people prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if any of these people cannot be reached.

\_\_\_\_\_  
**Signature of Applicant, OR Parent or Guardian (if applicant is a minor)**

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



**AHSEP WAIVER & RELEASE - Hobie Wave 14 Classes 2017**

IN CONSIDERATION of being given the opportunity to participate in any way in the **Atlantic Highlands Sailing Education Program Hobie Wave 14 Classes** I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of sailing activities, both on the water and land based and that I am qualified, in good health, and have the physical ability, flexibility, endurance, strength and agility to execute the skills required for the sport of sailing (including hiking, tacking, gybing, un-capsizing and hauling boats to and from the water) (hereinafter "Sailing Activities", "Activities" or "Activity"). I FURTHER WARRANT that I have basic swimming skills. 2. FULLY UNDERSTAND that: (a) SAILING ACTIVITIES INVOLVE RISKS AND

DANGERS of serious bodily injury, including permanent disability, paralysis, and death ("risks"); (b) these risks may be caused by my own actions, or inactions, the actions of others participating in the Activity, the condition in which the Activity takes place, or the negligence or gross negligence of the "releasees" named below; (c) there may be other risks and social and economic losses either not known to me or not foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in any Activity. 3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction.

4. HEREBY RELEASE, discharge, and covenant not to sue the **Atlantic Highlands Sailing Education Program**, their administrators, directors, agents, officers, volunteers, members, boat owners and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the releasees herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence or gross negligence of the releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the releasees, 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 a the result of such a claim. *I have read this agreement, fully understand its terms, and understand that I have given up substantial rights by signing it. I have signed it freely and without any induction or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force.*

Printed name of Participant: \_\_\_\_\_

Participant's Signature (18 years or older), OR Parent/Guardian's Signature (if participant is under the age of 18):

\_\_\_\_\_  
(Date) \_\_\_\_\_

**Parental Consent**

AND I, the minor's parent and/or legal guardian, understand the nature of sailing activities and the minor's experience and capabilities and believe the minor to be qualified 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 or gross 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 above releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS, each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost that may incur as the result of any such claim.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian's Signature (if participant is under the age of 18):

\_\_\_\_\_  
(Date) \_\_\_\_\_

**Information Release:** In order to promote AHSEP, we may use student pictures and/or names on our website or in press releases. Please indicate your willingness to participate by checking the appropriate box. YES \_\_\_ NO \_\_\_

Participant's Signature (18 years or older), OR Parent/Guardian's Signature (if participant is under the age of 18):

\_\_\_\_\_



**SHBCC WAIVER & RELEASE- Hobie Wave 14 Classes 2017**

IN CONSIDERATION of being given the opportunity to participate in any way in the **Atlantic Highlands Sailing Education Program Hobie Wave 14 Classes I**, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of sailing activities, both on the water and land based and that I am qualified, in good health, and have the physical ability, flexibility, endurance, strength and agility to execute the skills required for the sport of sailing (including hiking, tacking, gybing, un-capsizing and hauling boats to and from the water) (hereinafter "Sailing Activities", "Activities" or "Activity"). I FURTHER WARRANT that I have basic swimming skills. 2. FULLY UNDERSTAND that: (a) SAILING ACTIVITIES INVOLVE RISKS AND

DANGERS of serious bodily injury, including permanent disability, paralysis, and death ("risks"); (b) these risks may be caused by my own actions, or inactions, the actions of others participating in the Activity, the condition in which the Activity takes place, or the negligence or gross negligence of the "releasees" named below; (c) there may be other risks and social and economic losses either not known to me or not foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in any Activity. 3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction.

4. HEREBY RELEASE, discharge, and covenant not to sue the **Sandy Hook Bay Catamaran Club**, their administrators, directors, agents, officers, volunteers, members, boat owners and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the releasees herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence or gross negligence of the releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the releasees, 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 a the result of such a claim. *I have read this agreement, fully understand its terms, and understand that I have given up substantial rights by signing it. I have signed it freely and without any induction or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force.*

Printed name of Participant: \_\_\_\_\_

Participant's Signature (18 years or older), OR Parent/Guardian's Signature (if participant is under the age of 18):  
\_\_\_\_\_  
(Date) \_\_\_\_\_

**Parental Consent**

AND I, the minor's parent and/or legal guardian, understand the nature of sailing activities and the minor's experience and capabilities and believe the minor to be qualified 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 or gross 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 above releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS, each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost that may incur as the result of any such claim.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian's Signature (if participant is under the age of 18):  
\_\_\_\_\_  
(Date) \_\_\_\_\_

**Information Release:** In order to promote SHBCC, we may use student pictures and/or names on our website or in press releases. Please indicate your willingness to participate by checking the appropriate box.  
YES \_\_\_ NO \_\_\_

Participant's Signature (18 years or older), OR Parent/Guardian's Signature (if participant is under the age of 18):  
\_\_\_\_\_