



# Get Ready to Go Sailing!

## *What you need know and do before your child can sail this summer at Sailaway Sailing School*

Thank you for registering your child for the Sailaway Sailing School. We want your child to have a wonderful and safe experience this summer. To help ensure that happens, here are the things you need to know and do before your child can participate.

**Code of Conduct:** It is important you and your child understand that in addition to the measures put in place by Sailaway Sailing School, your child shares the responsibility for safety and agrees to practice safe boating at all times. It is important for everyone's safety that all participants come to school prepared to sail and conduct themselves responsibly and respectfully.

**Parental Release Form Parts 1&2:** A completed Sailaway Sailing School Parental Release form must be signed by the parent or legal guardian and returned to Sailaway Sailing School before the start of your child's sailing session. This is in addition to any forms previously submitted.

**Informed Consent, Release Agreement and Authorization, Part A:** Because Sailaway Sailing School is operated by Connecticut Yankee Council, BSA, the Boy Scouts of America Informed Consent, Release Agreement and Authorization, Part A must also be completed and signed by the parent or legal guardian and returned to Sailaway Sailing School before the start of your child's sailing session.

**General Information/Health History Form, B1 and B2:** A completed health review form is required of all participants as evidence of fitness for boating activities. Also, in case of an emergency, it is important we have this information on hand and available to share with the appropriate medical personnel. Please be sure to include any recent incidents of illness or injury if any have occurred just prior to the start of the sailing session. This form must be completed and signed by a parent or legal guardian and returned to Sailaway Sailing School before the start of your child's sailing session. Note, the staff is not able to administer medications to students.

**Emergency Contact Information:** It is important on the forms mentioned above that you include an emergency contact person whom we can reach should the need arise. This information must be provided before the start of your child's sailing session.

**Lifejackets (PFD):** All students, counselors and instructors are required to wear a US Coast Guard approved Lifejacket (PFD) at all times while on the docks and in the boats. While the school does have a limited supply of lifejackets on-hand, we encourage you to provide your child their own lifejacket (PFD). This is to help ensure the best fit and comfort of the lifejacket for you child. They will be wearing the lifejacket for up to 3.5 hours a day, a properly sized lifejacket is better for both their comfort and their safety.

**Swimming Ability:** Though our sailors are required to wear lifejackets at all times, it is still extremely important that your child is a capable swimmer. The sailing classes are supervised by qualified instructors, at times more than 100 yards offshore. While the students are supervised, there is a distinct possibility that a child can fall off the boat and into the water. For the safety and education of the students, there will be a class on boat capsizing and recovery. For many of the students, the capsizing day is one of the most fun and memorable of the summer.

For your peace of mind, the boats we use are designed not to sink, even if capsized. The reason for the capsizing drill is to teach the students how to recover and re-enter the boat in case of an accidental capsizing. Knowing what to do in these types of situations helps make the whole experience safer and more fun for everyone. But it means they will eventually be in the water and must therefore be able to swim.

**Swim Test:** An annual swim test is required by both the BSA and the US Sailing Association. If your child is not capable of passing a swimming test, then they will not be allowed to participate in the sailing school and your payment will be refunded. BSA defines a capable swimmer as being able to do the following:

Jump feetfirst into water over the head in depth, level off and swim 75 yards in a strong manner using one or more of the following strokes: sidestroke, breaststroke, trudgen, or crawl; then swim 25 yards using an easy, resting backstroke. The 100 yards must be completed in one swim without stops and must include at least one sharp turn. After completing the swim, rest by floating

**Weather Conditions:** Sailing is very much a weather dependent sport. We plan to sail whenever it is possible and safe to do so. However due to weather conditions sailing classes may be canceled or possibly diverted to onshore activities on short notice on the day of the class. We will do our best to communicate these changes when it happens. Please keep an eye on the weather at home as well, as that will help you to know what to expect.

**What to bring:** Come prepared to sail every day. Bring: your smile, a liter of drinking water, sunscreen, a hat, sunglasses, a backpack/bag to hold personal items, a U.S. Coast Guard Approved Lifejacket that fits your child properly. Wear closed toe water shoes/sneakers, shorts and t-shirt. Do not wear jeans.

**What not to bring:** Do not bring valuables to sailing school. If possible, do not bring a cell phone. Sailaway Sailing School and the Connecticut Yankee Council, BSA are not responsible for lost, damaged or stolen items.

**No Cell Phones, please:** Sailing requires both hands. Therefore, cell phones are not allowed during class and not allowed on the docks or in the boats. If possible, leave the cell phones at home. If your child must bring a cell phone, they will need to keep it in their bag onshore, in the Pilot House, until the sailing class is over. Sailaway Sailing School and the Connecticut Yankee Council, BSA are not responsible for lost, damaged or stolen cell phones.

**Additional Sailing Opportunities:** Connecticut Yankee Council, BSA offers additional sailing and learning opportunities for girls and boys through our Sea Scout program and Sea Explorer Club. Visit <https://www.ctyankee.org/sea-scouts/> to learn more.

**Have Questions?** Please email your questions to: [sailaway@ctyankee.org](mailto:sailaway@ctyankee.org)



Parental Release Form 2023: **Part 1**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent /Guardian Contact : \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Enroll in Week of: \_\_\_\_\_

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_ (name of child), hereby give permission for him/her to participate in Sailaway Sailing School's summer program. I understand that sailing is a sport that involves risk such as serious injury, death, loss or damage. I understand that my child shares the responsibility for safety and agrees to practice safe boating, this includes wearing a lifejacket (PFD) while boating and while on the docks, and includes the successful completion of an annual swim test at the start of the sailing program.

I consent to my child's participation in the Sailaway Sailing School activities and agree to release, discharge, indemnify and hold harmless **SAILAWAY SAILING SCHOOL, Connecticut Yankee Council BSA** and their respective officers, employees, volunteers and representatives for all claims of any persons for damages or personal injury whatsoever that may be sustained while participating in any activity and/or while using the facilities and equipment and/or while on the premises of Sailaway Sailing School.

**I certify the child named above is a capable of swimming 100 yards without assistance and that all the questions on this form have been answered accurately and truthfully**

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

Complete this form and email to: [sailaway@ctyankee.com](mailto:sailaway@ctyankee.com)



**Parental Release Form 2023: Part 2**

<p><b>Student's Name:</b> _____ <b>Birth Date:</b> _____</p> <p><b>Parent /Guardian Contact :</b> _____ <b>Phone:</b> _____</p> <p><b>Emergency Contact:</b> _____ <b>Phone:</b> _____</p> <p><b>Email address:</b> _____</p> <p><b>Enroll in Week of:</b> _____</p>
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Sailaway Sailing School posts images on our website, Facebook and Instagram and would like your permission to use photographs of your children on our website and social media. We do not tag anyone in our photos. Please check one of the boxes below:

**I DO**     **I DO NOT**

give Sailaway Sailing School permission to publish on their website or social media, the likeness or image of my child.

I release all claims against Sailaway Sailing School, Connecticut Yankee Council BSA with respect to copyright, ownership, and publication, including any claim for compensation related to use of the materials.

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

Complete this form and email to: [sailaway@ctyankee.com](mailto:sailaway@ctyankee.com)

# Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

## Informed Consent, Release Agreement, and Authorization

I understand that participation in Exploring activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any Exploring volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Exploring activities.


With appreciation of the dangers and risks associated with Exploring programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against Learning for Life, Exploring, the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council, Learning for Life, Exploring, and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Exploring activities, and I hereby release Learning for Life, Exploring, the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of Learning for Life, Exploring, and the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

Checking this box indicates you DO NOT want your child to use a BB device.



**NOTE:** Due to the nature of programs and activities, Learning for Life, Exploring, the Boy Scouts of America, and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any: \_\_\_\_\_

None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under the age of 18)

## Complete this section for youth participants only:

### Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

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

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

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

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

### Adults NOT Authorized to Take Youth to and From Events:

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

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

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

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

## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

 Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

**In case of emergency, notify the person below:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

### Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		List any other medical conditions not covered above	



## Part B2: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) \_\_\_\_\_  YES  NO

DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) \_\_\_\_\_  YES  NO

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

Check here if no medications are routinely taken.  If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

YES  NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by:

\_\_\_\_\_/\_\_\_\_\_  
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

**Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.**

### Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., Hib)	
			Exemption to immunizations (form required)	

**Please list any additional information about your medical history:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO NOT WRITE IN THIS BOX.**  
 Review for camp or special activity.

Reviewed by: \_\_\_\_\_

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

Further approval required:  Yes  No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

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