Thank you for your interest in Siebel Program, hosted by The Downtown Sailing Center (DSC)! The DSC is a non-profit 501(c)3 in Baltimore, Maryland that is offering a capsizable racing program for youth, between the ages of 8-14, who want to learn how to sail competitively. For Spring 2020, DSC will be accepting up to 16 youth to be a part of this program, and our goal is to retain a core team of 12 to 16 youth for the spring. Enrollment will be capped at 16 youth, but there will be a waitlist for people that have not been initially accepted into the program. US Sailing is offering 6-12 scholarships; we will contact those that will receive the scholarship and those that have been accepted into the program. This program is funded by US Sailing, so this application does ask about the participants financial background. Telling DSC about your financial background will neither increase nor decrease the chances of your child getting into the program. Our motto is that “Sailing is for Everyone.” Applications will be accepted from January 5th-February 14th.

**Daily schedule**

**Program:** Wednesdays from 4:00-6:30PM and **Saturdays** 12-4:30PM  
**Staff:** 2 staff with 1 additional staff on a rotating or on-call basis

**Wednesday Practices: The start of this practice is TBD**
- 4:00 Arrive at DSC  
- 4:30 Practice starts  
- 6:00 Dinner is served  
- 6:30 Dismissal

**Saturday Practices: These practices will start this fall**
- 12:00 Arrive at DSC and eat lunch  
- 12:30 Practice starts  
- 4:30 Dismissal

Attendance is crucial for the sake of our funding and building a truly competitive sailing team. If there are more than 2 unexcused absences from practices during the spring, students may be withdrawn from the program. In terms of discipline, DSC reserves the right to remove any child from the program that jeopardizes the safety of others or themselves. We have a “zero tolerance” policy for youth that bring knives or other dangerous objects to the program, fight, bully, threaten others, or use inappropriate hate language.

A **fully completed packet is required for each student participating in the program** and can be sent by mail or email to The DSC office (1425 Key Hwy Suite 110). By reading and signing the forms in this packet, you are agreeing to the terms and policies of Downtown Sailing Center including the withdrawal policy due to absences and violations of the discipline policy. If you have questions or want more information, please email the DSC staff or look on DSC’s website at downtownsailing.org/siebelsailors.

Sincerely,  
The Downtown Sailing Center
1. CAMPER AND PRIMARY CONTACT INFORMATION

Camper Name: ____________________________________________Nickname (if different): _____________________________
Date of Birth: ______________ Name of School: _________________________________________________________Grade: _______
Name of Parent/Guardian/Primary Contact: _______________________________________________________________________
Mailing Address: ______________________________________________________City: _________________________________________
State: ________Zip Code: ________Home Phone: ________ Cell Phone: ________Work Phone________
Email address you check frequently:________________________________________________________________________
Best way to contact you? (circle one)  Home Phone  Cell Phone  Email

2. EMERGENCY CONTACTS

Please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person(s) we contact.

First Contact’s Name: ________________________________________________________ Relationship:__________________________
Home Phone: _______ - _______ - _______ Work/Cell Phone: _______ - _______ - _______ ext ______
Second Contact’s Name: _____________________________________________________ Relationship:__________________________
Home Phone: _______ - _______ - _______Work/Cell Phone: _______ - _______ - _______ ext ______

3. FINANCIAL AID SECTION

It is part of our mission to be accessible to children of all financial backgrounds. Telling DSC your financial background will neither increase nor decrease your chances of getting into the program. We encourage you to ask for assistance if you need it.

Directions: Fill out this form, one for each camper/student for whom you are applying for. Sign and send in forms.

1. Do you participate in the free/reduced lunch program at your school?
   ☑ Yes ☑ No, we don’t qualify ☑ No, my school doesn’t have that program
2. What is the annual income of your family? __________
3. How many dependents are in your family? __________
4. Are you a single-income family? ☑ Yes ☑ No
5. Does the child, for whom you are applying for, receive child support? ☑ Yes ☑ No
6. What is the ethnicity of your camper (optional)? ______________________________ ☑ Prefer not to say
7. Does your child need transportation for this program? ☑ Yes ☑ No
8. Has your child ever been sailing? ☑ No ☑ Yes, if so how __________________________
9. Please include any additional information you would like for us to know with the application form.

I verify that all the information I have provided in this document is true to the best of my knowledge.

Your Signature:_________________________________________________  Date: ___________________
Health History Form

Student’s Name: _________________________________

1st Emergency Contact (Parent/ Legal Guardian)
Name and Relationship: _________________________________ Phone #: ______________________

2nd Emergency Contact (Other than parent above):
Name and Relationship: _________________________________ Phone #: ______________________

Child’s Physician: _________________________________ Phone #: ______________________

Health Information:
Are there any health problems [including physical, psychiatric, or behavioral problems] or any medications, dietary restrictions, allergies, or a special need that we need to be aware of?

- [ ] No
- [ ] Yes, Explain: ___________________________________________________________________________________
  ___________________________________________________________________________________

Immunization Information:
State/Territory where the student resides: ____________
Is this student exempt from any immunizations?

- [ ] No
- [ ] Yes, List: ______________________________________________________________________________________

Knowing how to swim is not required for this program; however, DSC would like to know your child’s level of swimming ability. Please state if your child cannot or can swim; and if they can swim, what is their level of experience/comfort: ________________________________

Parent Signature: ___________________________ Date: ____________
Release of Liability, Waiver of Claim and Assumption of Risks Agreement

By signing this document you will waive certain legal rights, including the right to sue or claim compensation following an accident, injury or death. Please read carefully.

I acknowledge that directly or indirectly, I am, or in the future will be, participating in activities ("Activities") provided by, or at, the Downtown Sailing Center, Inc. ("Downtown Sailing Center"). I further acknowledge that boating, sailing and related activities, including the use of docks and facilities, involve a certain degree of risk, including the possibility of death or injury to persons or property. I understand and acknowledge such risks and hereby voluntarily assume these risks.

As lawful consideration for being permitted to participate in these Activities, I agree that I will not make a claim against, sue, attach the property, or prosecute Downtown Sailing Center, the Mayor and City Council of Baltimore, the Baltimore Museum of Industry, the Baltimore City Fire Department Repair Shop, all Harbor View properties, the sponsors of any Activities, or the aforementioned's respective principles, directors, members, officers, agents, employees, volunteers, heirs, assigns and insurance carriers ("Releasees") for death, personal injury or property damages that I may sustain as a result of my participation in the Activities. This agreement is intended to discharge in advance Releasees from and against any and all liability, asserted by me, my heirs or assigns, including liability for negligent actions, arising out of or connected in any way with my participation in the Activities.

I acknowledge that it is my responsibility to read and obey all posted information and warnings, and to comply promptly with any verbal instructions provided to me by Releasees in connection with the Activities. I acknowledge that I will not be under the influence of alcohol while participating in the Activities. I further acknowledge that in connection with the Activities, I will fully indemnify the Releasees for any liability, claim, damage or expense of whatsoever nature caused by, contributed to by, or arising from, the provision or consumption of alcohol by me.

I also give permission for photographs and video to be taken at the event in which my image may be used for promotional and/or advertising purposes by Releasees in any medium, without compensation to me. These photographs and videos may be used by Baltimore City Foundation in a similar capacity.

I have carefully read this agreement and understand that it is a legal and binding contract that supersedes any other agreements or representations by or between parties and that it is intended to provide a comprehensive release of liability but is not intended to assert any claim or defenses that are prohibited by law. I hereby further agree that this agreement shall be construed in accordance with the laws of the State of Maryland and that any legal dispute will be brought in the Courts of the State of Maryland. I accept the personal jurisdiction of the courts of the State of Maryland and I waive my right to a jury trial in connection with any such legal dispute. If any portion of this agreement is deemed unenforceable, the remainder shall be given full force and effect. I have signed this agreement of my own free will.

For participants of a minority age, I hereby certify that I, as parent/guardian with legal responsibility for this participant of minority age, do consent and agree to his/her release of all the Releasees, and, for myself, my heirs, assigns and next of kin, , release and agree to indemnify the Releasees from any and all liabilities incident to this participant of minority age’s participation in the Activities.

Signed on: 20 ___.

Signature of Participant: __________________ Print Name of Participant: __________________

Signature of Parent/Guardian: __________________ Print Name of Parent/Guardian: __________________
(if Participant is under 18 years of age)
Address ________________________________________________ Zip __________ (required)