



2025 Enrollment Application
ABBOT FLETCHER SAILING SCHOOL
P.O. Box 94, Orr's Island, ME 04066

Name (Nickname): _____ DOB: _____

Gender: Male Female Non-Binary Preferred Pronouns: he/him/his she/her/hers they/them/theirs

Parent/Guardian(s) Name(s): _____

Winter Address: _____

Winter Telephone: _____ Email: _____

Summer Address: _____

Summer Telephone: _____ Email: _____

*Previous sailing experience or instruction: _____

Check session(s)

Session	Beginner 9 AM-Noon	Intermediate 1-4 PM	Racing 1-4 PM	OBYC Member Fee	Non-Member Fee	Total
ONEWEEK						
6/30-7/4			X	\$290.00	\$325.00	
7/7-7/11			X	\$290.00	\$325.00	
7/14-7/18			X	\$290.00	\$325.00	
7/21-7/25			X	\$290.00	\$325.00	
7/28-8/1			X	\$290.00	\$325.00	
8/4-8/8			X	\$290.00	\$325.00	
TWO WEEKS						
6/30-7/11			X	\$505.00	\$575.00	
7/14-7/25			X	\$505.00	\$575.00	
7/28-8/8			X	\$505.00	\$575.00	
RACING						
7/7-7/18				\$525.00	\$605.00	
7/21-8/1				\$525.00	\$605.00	
Junior Sailor Membership Fee (all applicants)						\$30.00
TOTAL						

PAYMENT POLICY: A \$100 non-refundable fee is due with the application. Balance due by May 15, 2025. Applications received after May 15 must be accompanied by payment in full.

Enclosed is \$ _____ for the week(s) checked above.

Make check payable to: Orr's-Bailey Yacht Club.



Medical, Liability and Code of Conduct Form

Print Student Name: _____

Address: _____

Phone # in case of emergency: _____

Alternate contact if needed: _____

Phone #: _____

Please list any medical problems _____

Allergies: Medications _____

Foods _____

Other (Bees, Wasps, Jelly Fish) _____

Current Medication Taken _____

Date of Last Tetanus Shot _____ Has your child been vaccinated for Covid-19? Yes No

Physician's Name _____ Telephone _____

Things we should know (any special circumstances such as anxieties or fears that might impact their experience):

Medical Release: I do hereby consent to initiation of any emergency medical or surgical treatment deemed necessary by a licensed physician during my child's participation in the Abbot Fletcher Sailing School. It is understood that this authorization is given in advance of any specific diagnosis or treatment and that I will be contacted as soon as possible following the occurrence. Further, I will be financially responsible for treatment deemed necessary.

Liability Release: As parent/guardian of the above-named minor, I acknowledge that I am fully aware of the risks associated with the sport of sailing and I am authorized to sign this agreement for the minor(s). I acknowledge and agree that I have read the foregoing release and that by signing this release on behalf of the minor(s), the minor and I agree to be bound by its terms. I hereby agree to INDEMNIFY, DEFEND AND HOLD HARMLESS Orr's-Bailey Yacht Club and the Abbot Fletcher Sailing School, its members and boards of directors and instructors for any claim, suit, expense or loss which arises out of the above-named minor's participation in the sailing program.

Code of Conduct: As parent/guardian of the above-named minor, I have discussed with the minor, and we have agreed to: attend all sessions and participate fully, dress appropriately, use proper language and manners, FOLLOW INSTRUCTIONS OR ASSIGNMENTS GIVEN BY INSTRUCTORS, treat boats, docks and facilities with respect, and be responsible for any damage, theft or misconduct in which the student(s) participates. I further understand that serious infraction of the above will be reported to the parent/guardian, and continued failure to adhere to the rules will cause the student to be terminated from the sailing session.

Permission for Use of Photos (circle one): I DO DO NOT give permission for my child's photo to be used on the AFSS Facebook page or Instagram page (no identification by name will be used).

Signature of Parent/Guardian

Date