



2026 Online Enrollment Form

Medical Liability Form

ABBOT FLETCHER SAILING SCHOOL

(a program of the Orr's-Bailey Yacht Club)

P.O. Box 94, Orr's Island, ME 04066

Student Name: _____ **AGE:** _____ **DOB:** _____

Nickname: _____ **Gender:** Male [☐] Female [☐]

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

Winter Address: _____

Winter Telephone: _____ **Email:** _____

Summer Address: _____

Summer Telephone: _____ **Email:** _____

Previous sailing experience or instruction: _____

Available sessions - Please read Program Descriptions before filling this out

ONE WEEK Sessions: 6/29-7/3 [☐] 7/6-7/10 [☐] 7/13-7/17 [☐] 7/21-7/24 [☐] 7/27-7/31 [☐] 8/3-8/7 [☐]

Intermediate - Afternoons []

TWO WEEK Sessions : 6/29-7/10 [] 7/13-7/24 [] 7/27-8/7 []

Intermediate - Afternoons []

RACING Sessions - Afternoons: 7/6-7/17 [] 7/20-7/31 []

TUITION: \$ _____

PLUS Junior Sailing Membership Fee \$ 30.00

Total Amount Due: \$ _____

PAYMENT POLICY: When this form is received online, you will be sent an Invoice via email from QuickBooks. This may be paid online, in total, or just an initial \$100 non-refundable deposit. All balances are due by May 15, 2026. Applications submitted after May 15, 2026, must be paid in full at the time of enrollment.

We prefer enrollment and payment to be processed online. If you need to pay by check, please print out this form and mail it **along with your check for the full payment to AFSS**, PO Box 94, Orr's Island, ME 04066. Make check payable to Orr's-Bailey Yacht Club.

Don't forget to complete the medical, liability and code of conduct form below. This form must be submitted at the same time as part of the overall enrollment.

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