



NERYC Junior Sailing Program Code of Conduct

Program Objective: North East River Yacht Club (NERYC) Junior Sailing Program aims is to provide a quality, fun and educational program for youth interested in sailing and racing, by providing students with the opportunity and fundamental skills necessary to advance in the sport of sailing as far as their interests, desire and ambition may take them.

Junior Sailor Behavior Expectations

As a participant in any NERYC Junior Program activity I support the program mission and objective and I will:

- Obey club rules, program rules, program management and staff at all times
- Respect the rights, dignity and self worth of individuals and refrain from criticizing others. This includes my interactions with, team mates, competitors, coaches and program staff, officials, administrators, parents, spectators and club members.
- Respect the coaches and program staff knowing that they have every sailor’s best interest at heart.
- Comply with the coaches’ direction and guidance – listen, be cooperative and participate with enthusiasm
- Be a good ambassador - behave in a manner that honors and promotes the program, the club and the sport
- Demonstrate the Corinthian Spirit on and off the water, and place winning in the context of good sportsmanship and fair play – act honorably, be considerate in success, failure, victory or defeat
- Display high standards in manner, punctuality, preparation and presentation, self control, courtesy, honesty and integrity
- Agree to zero tolerance of:
 - Bad language, obscene gestures or clothing displaying improper words or designs
 - Physical or emotional abuse - fighting, hitting, pushing and any type of bullying.
 - The consumption, possession or supply of any drugs, alcohol, tobacco or any illegal substance
- Refrain from horseplay. This includes shouting and or running in the club, sliding down the bank, running on, or jumping off, or pushing others off the docks, throwing sand, stones, rocks, needless capsizing, intentional boat bumping
- Remain within the defined boundaries for junior sailing activities on land and water
- Wear a life jacket and appropriate water shoes at all times on, around or near the marina, launch areas and the water
- Treat all Club property with care:
 - Keep the clubhouse, bathrooms, marina and club grounds clean and tidy – keep personal equipment neatly stowed, rinse off and dry yourself before entering the buildings, pick up trash
 - Treat the club boats and sailing equipment with care: avoid loss or damage by being responsible, attentive and mindful, stow all boats neatly, return all equipment to its appropriate place in the shed after use and report any loss or damage to any equipment to a member of the Junior Sailing staff
- Respect the Chesapeake Bay: conserve its water, environs, habitat and the creatures that make it their home

Program Participant (Junior Sailor) Name

I understand and agree to abide by the NERYC Junior Program Junior Sailor Code of Conduct. I recognize that participation in the NERYC Junior Program is a privilege, and not a right. I understand that if I do not abide by the rules and behavior expectations, I may be temporarily or permanently suspended from participation.

Signature of Junior Sailor

Date



NERVC Junior Program Parent Expectations

As the Parent/Guardian of a Junior Sailor, participating in any NERYC Junior Program activity I support the program mission and objectives and I will:

- Support the Junior Sailor behavior expectations as set out in the Junior Sailor Code of Conduct
- Respect the rights, dignity and self worth of individuals and refrain from criticizing others. This includes my interactions with coaches and program staff, officials, administrators, parents, sailors, and spectators.
- Support the coaches and program staff knowing that they have my child's best interest at heart. I will respect their decisions, direction and authority
- Allow the coaches to perform their duties without parental interference.
- Be a good ambassador - behave in a manner that represents and promotes the program, the club and the sport favorably
- Demonstrate the Corinthian Spirit and place winning in the context of good sportsmanship and fair play
- Exemplify high standards in language, manner, punctuality and courtesy
- Ensure participants are adequately prepared to participate by insuring they are well rested, on time and suitable equipped
- Notify program staff if a participant will be absent for any reason

Parent/ Guardian Name

I agree to abide by the Parent Expectations. I recognize that my child's participation in the NERYC Junior Program is a privilege, and not a right. I understand that if I, or my child, do not abide by expectations as set out by the Junior Sailor Code of Conduct, my child may be temporarily or permanently suspended from participation.

Signature of Parent or Legal Guardian

Date

CAMPER HEALTH HISTORY

Child's Name: _____

The following information is required:

1st Emergency Contact

(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact

(Other than Parent Above): _____ Phone: _____

Child's Physician: _____ Phone: _____

HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? NO

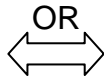
YES, Explain: _____

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? NO

YES, Explain: _____

IMMUNIZATION INFORMATION:

For campers who reside **within** the United States, a United States territory, or the District of Columbia:



For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

2. Is this child exempt from any immunizations? NO

YES, List them: _____

1. Country in which child resides:

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian's Signature: _____ Date: _____



Child: _____
Name Age

AUTHORIZATION OF CONSENT TO TREATMENT OF A MINOR

As the parent or guardian of the participating child, I hereby authorize any x-ray examination, anesthetic, medical or surgical diagnosis or procedure supervised by any member of the medical staff or of a dentist licensed under the State Education Law and/or Public Health Law of the State and of the staff of any hospital holding a current operating certificate issued by the State Department of Health. This authorization is given in advance of any specific diagnosis, treatment or hospital care being required in order to provide authority to render care, which the aforementioned physician in his best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action. Effort shall be made to contact me before rendering treatment to the patient, but any of the above treatment will not be withheld if I cannot be reached.

PARENT'S CONSENT AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

The parents or legal guardians (hereafter referred to in the singular) of any child or children (herein referred to as the "child"), participating in any North East River Yacht Club (NERVC) Junior Program activity (herein referred to as the "activities"), including supervised travel to local events and competitions, request that the child be allowed to participate in any of these activities. This agreement shall remain in effect until the North East River Yacht Club Junior Program Director receives written notice of the cancellation of the consent or until the end of the activities described above. In return for the child being permitted to take part in the activities and to use the facilities and property of the North East River Yacht Club, each of us makes the following promises and warrants the truth of the following facts:

- I am familiar with the activities included program.
- I understand I am solely responsible for the prompt arrival and departure of my child at the beginning and end of each day's activity. I will not allow my child to remain on the premises of the North East River Yacht Club after each day's program without appropriate supervision or the written permission of NERVC. I agree that the North East River Yacht Club will have no responsibility for the supervision of my child at times other than during the scheduled activities
- My child is in good health, and I know of no reason why he/she would be incapable of participating in the activities. I will disclose any physical, emotional or behavioral issue that might affect my child's ability to participate, and immediately notify the Junior Program Director of a change in my child's physical, mental or emotional health or other condition would affect my child's ability to participate in the activities

WAIVER OF LIABILITY

I waive and release any right I, my heirs, guardians, and legal representatives may have or acquire to make a claim against, sue, attach the property of or prosecute the North East River Yacht Club and/or any of its members, directors, officers, agents, employees and affiliated organizations (herein referred to as "the releasees") for monetary damages caused by injury to my child or damage to the property of my child or myself arising from participation in the activities and use of the facilities and property of the North East River Yacht Club, whether or not the injury or damage results from the negligence or other action, except intentional acts, of any of the releases.

ASSUMPTION OF RISK

I am aware that the activities may involve maneuvering a boat or other watercraft on deep waters in potentially hazardous conditions which may include, among other things, strong wind and high waves, sudden and unexpected immersion in deep waters and collision with other watercraft or stationary objects such as docks pilings and buoys. With knowledge of the dangers involved, I voluntarily ask that my child be allowed to take part in the activities.

I ACCEPT ANY AND ALL RISKS TO ME AND MY CHILD OF INJURY, DEATH AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE ACTIVITIES AND THE USE OF THE FACILITIES AND PROPERTY OF THE NORTH EAST RIVER YACHT CLUB, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER ACTION, EXCEPT INTENTIONAL ACTS, OF ANY OF THE RELEASEES.

INDEMNITY AGREEMENT

I agree to indemnify and hold the releasees harmless from any loss, liability, damage or cost, including reasonable attorneys fees, they may incur due to my child's participation in the activities whether or not such loss, liability, damage or cost results from the negligence or other action, except intentional acts, of any of the releases.

Parent /Guardian Name: _____

Signature: _____ **Date:** _____

MEDICATION ADMINISTRATION AUTHORIZATION FORM

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS)
(410) 767-8417 Toll Free 1-877-4MD-DHMH ext. 8417

I. CAMP OPERATOR					
<p>This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.</p> <ul style="list-style-type: none"> • Prescription medication must be in a container labeled by the pharmacist or prescriber. • Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines. • An adult must bring the medication to the camp and give the medication to an adult staff member. 					
II. CAMP INFORMATION					
YOUTH CAMP NAME					
PHYSICAL ADDRESS					
CITY		STATE		ZIPCODE	
III. PRESCRIBER'S AUTHORIZATION					
CHILD'S NAME				DATE OF BIRTH	
CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:				EMERGENCY MEDICATION [] YES [] NO	
MEDICATION NAME		DOSE		ROUTE	
TIME/FREQUENCY OF ADMINISTRATION			IF PRN, FREQUENCY		
IF PRN, FOR WHAT SYMPTOMS					
KNOWN SIDE EFFECTS SPECIFIC TO CHILD					
MEDICATION SHALL BE ADMINISTERED <i>(NOT TO EXCEED 1 YEAR)</i>		FROM		TO	
PRESCRIBER'S NAME/TITLE			This space may be used for the Prescriber's Address Stamp		
TELEPHONE		FAX			
ADDRESS					
CITY	STATE	ZIPCODE			
PRESCRIBER'S SIGNATURE <i>(Parent cannot sign here)</i> <small>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</small>					DATE
IV. PARENT/GUARDIAN AUTHORIZATION					
<p>I request the authorized youth camp operator/staff to administer the medication or supervise the camper in self administration if authorized as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA.</p>					
PARENT/GUARDIAN SIGNATURE				DATE	
HOME PHONE #		CELL PHONE #		WORK PHONE #	
V. AUTHORIZATION FOR SELF ADMINISTRATION AND SELF CARRY					
<p>I consent that the child named above is able to self administer the medication listed. I authorize self administration of the above listed medication for the child named above under the supervision of an authorized youth camp operator/staff member. The child named above may self carry emergency medication if indicated below.</p>					
PRESCRIBER'S SIGNATURE		SELF CARRY EMERGENCY MEDICATION (Check One) [] YES [] NO [] Not emergency medication		DATE	
PARENT/GUARDIAN'S SIGNATURE		SELF CARRY EMERGENCY MEDICATION (Check One) [] YES [] NO [] Not emergency medication		DATE	