



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

CAMP SESSION/S: _____

(Please list your registered sessions)



NERYC 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

**Attachment 5: North East River Yacht Club Junior Program
Covid-19 Protocols**

With our best defense being immunity, we are encouraging everyone take advantage of the approved Covid-19 vaccines.

Any camp participant or member of staff should isolate and test if they:

- Have a fever
- Exhibit any Covid-19 symptoms
- Have been in contact with someone who has COVID-19
- Have any Covid-19 symptoms within the last 5 days of testing positive

2. Health Screening:

If a participant or staff member exhibits a temperature of 100.4 degrees or higher, they will be removed from the group and administered a second temperature test after 10 minutes. If the temperature is 100.4 degrees or higher the participant sent home for the day and asked to quarantine.

- After a negative test

OR

- When no longer symptomatic and after day 5 of quarantine (note day of test is day 0). A mask should be worn indoors till day 10.

After stopping quarantine, you should continue to:

- Watch for symptoms until 14 days after exposure.
- If you have symptoms, immediately self-isolate and contact your local public health authority or healthcare provider.
- Wear a mask, take and take extra care stay at least 6 feet from others, wash your hands, avoid crowds, and take other steps to prevent the spread of COVID-19.

3. Participants and staff should thoroughly wash hands with soap and water multiple times a day and avoid touching their face. Hand sanitizing stations will be available.

4. Per latest revised CDC guidelines masking is optional except when returning from after quarantine as stated above.

5. Participants, their families and staff should maintain social distancing guidelines when on the premises.

6. Participants should not share lifejackets, harnesses, water bottles, sunscreen, food, or any other personal items.

7. Participants and staff should use caution, be courteous, and practice safe social distancing

8. Activities will be conducted outdoors as much as possible.

Parent/Guardian Acknowledgement _____ Date _____

**NORTH EAST RIVER YACHT CLUB INC
RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND COVENANT NOT TO SUE**

The North East River Yacht Club (“NERYC”) has put in place certain preventative measures to reduce the spread of COVID-19; however, NERYC cannot guarantee that you or your child(ren) will not become infected with COVID-19.

NERYC is requiring the execution of this Release, Waiver, and Covenant as an absolute condition precedent to your participation in Junior Sailing.

Participating in Junior Sailing and related activities could increase your risk and your child(ren)’s risk of contracting COVID-19. For purposes of this release, waiver, and covenant, you must assume that whatever being done to protect you will not be sufficient. If you are not willing to assume the risk, release all claims, and promise not to sue, you are not permitted to participate.

By signing this agreement (manually or electronically), I

1. acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by participating in Junior Sailing, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, negligence, gross negligence, willfulness or intentional acts of myself and others, including, but not limited to, NERYC employees, volunteers, and program participants and their families.

2. voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren) and my participation in Junior Sailing (“Claims”).

3. on my behalf, and on behalf of my children, hereby release, covenant not to sue, discharge, and hold harmless NERYC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, negligence, gross negligence, willfulness, and intentional acts of NERYC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any NERYC program.

4. hereby certify that my child(ren) and I are covered by health insurance.

I understand that I have no factual or legal basis to bring any action against NERYC, its board of governors, officers, general manager, employees, volunteers of NERYC, fellow members and non-members who may have been present or involved in any way.

Full Name of Participant

Name of Guardian: _____

Signature of Guardian

Date

NERYC SAIL CAMPER HEALTH HISTORY

Child's Name: _____

Current residence
(Address): _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact (Parent or Legal Guardian): _____ **Phone:** _____

2nd Emergency Contact (Other than Parent Above): _____ **Phone:** _____

Primary Care Physician/other provider of medical care:

Name: _____ Phone: _____

HEALTH INFORMATION:

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

Explain:

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:

Has the participant, or anyone in their household:

- Experiencing any Covid-19 symptoms (per CDC guidelines) NO YES
 - Been diagnosed with Covid-19 NO YES
 - Currently under quarantine for exposure to Covid-19 NO YES

If Yes Provide Detail:

IMMUNIZATION INFORMATION (Must list current residence above)

Has the participant been vaccinated for Covid-19 NO YES

If YES list Vaccine: _____ Date of Vaccination: 1st _____ 2nd _____

For campers who currently reside within the United States, a United States territory, or the District of Columbia:
Does the camper have any immunization exemptions because of a parental or guardian objection?

List:

For campers who reside outside the United States, a United States territory, or the District of Columbia ONLY: Attach record of vaccination or immunity on Department form MDH-896.

Parent or Legal Guardian's Signature

Date

COMPLETE THIS FORM ONLY IF APPLICABLE

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

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.

- 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 (NOT TO EXCEED 1 YEAR)		FROM
PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp
TELEPHONE	FAX	
ADDRESS		
CITY	STATE	
PRESCRIBER'S SIGNATURE (<i>Parent cannot sign here</i>) (ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)		DATE

IV. PARENT/GUARDIAN AUTHORIZATION

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.

PARENT/GUARDIAN SIGNATURE		DATE
HOME PHONE #	CELL PHONE #	WORK PHONE #

V. AUTHORIZATION FOR SELF ADMINISTRATION AND SELF CARRY

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.

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