L.A. COUNTY YOUTH SAILING CAMP

Los Angeles County Lifeguards will be instructing beginning, intermediate, and advanced sailing classes. All sessions will be held in Marina del Rey at 13640 Mindanao Way. The sailing curriculum will include knot tying, sailing knowledge and terms, boat maintenance and rigging, tacking, docking and ocean sailing. Students will sail on 14-foot Capri sailboats (with main sail & jib) and lasers; in the final days of the session (depending on the advancement of the class) the students get experience on Catalina 275 Sport. Students should wear their swimsuit under comfortable clothes, tennis shoes, and a face mask to class. Bring in a backpack or zippered bag; an extra face mask, a towel, change of clothes, a jacket or sweatshirt, sunscreen, a hat, water, a snack, and lunch. In the event of inclement weather or unsafe water conditions, camp cancellation may occur. Notification will be made as soon as possible, prorated refund by day will be issued.

ELIGIBILITY/ENROLLMENT

Sailing is open to youth aged 11-17 on a first-come, first-serve basis. New participants must successfully **complete a 100-yard swim test in 2:20** minutes or less unless they have been in the Los Angeles County Junior Lifeguard program. Enrollment is on a first-come, first-serve basis. Classes are limited to 10 students with a minimum of six. If the minimum of six is not met, the class may be canceled. A waiting list will be formed after the class is filled.

SESSION DATES & TIMES

Winter sailing classes will be held Monday - Friday, **from 10:00 am to 4:00 pm** during the following weeks:

BEGINNING/INTERMEDIATE SAILING

- December 19 - December 23 (5-day session)
- December 27 - December 30 (4-day session)
- January 3 - January 6 (4-day session)

SWIM TEST

Applicant must successfully complete 100yds in 2:20 or less to be eligible for beginning sailing. Returning 2022 participants from sailing and 2022 Jr. Lifeguards are exempt from the swim test.

New applicants may take the 100yd swim test at a pool near their home using our swim test verification form (attached). Test must be given by a certified lifeguard or a registered swim coach to be valid. Submit the swim test verification form, with a beginning sailing application**. Both papers must be submitted together in order to be enrolled in the class.**

MEETING LOCATION

All sailing classes will meet on the Boathouse at Burton Chace Park, at the boating garage on the first level, at the north end of the metered parking lot:

Boathouse - Burton Chace Park *
13640 Mindanao Way, Marina del Rey, CA 90292

Head west on Mindanao Way until it ends at Burton Chace Park. Then make the hairpin turn at the end of the street, past the front of the park, and enter the metered parking lot located to the south-east. Participants should be dropped off at 10:00 am and picked up at 4:00 pm.

*Meeting location is subject to change.

L.A. COUNTY YOUTH SAILING CAMP - General Information (continued)

COST

$355 per participant for the 5-day session/$284 per participant for the 4-day session. This will include instruction, use of all equipment, and a program T-shirt. FINANCIAL AID assistance, based on family income, is available to qualified participants. Please call for more information (424) 526-7888. No deposits may be accepted. Telephone credit or debit card (with a VISA or MC logo) payment is available for your convenience. For payments via check, please make check payable to **Los Angeles County Department of Beaches and Harbors** for the full amount, and send to:

W.A.T.E.R. Youth Program
13640 Mindanao Way
Marina del Rey, CA 90292

REGISTRATION/CONFIRMATION

Participants' enrollment will be confirmed by email once participants' application and fee have been received and processed at the W.A.T.E.R. Program office.

REFUNDS

A refund of registration fees is available only under certain conditions. In the event the sailing camp must be cancelled due to an unpredictable occurrence, unsafe weather or surf conditions, a pro-rated refund may be issued dependent on the number of days completed. In the event a participant is unable to attend the program, email lcordobes@bh.lacounty.gov, a brief written request for the refund and the reason for not attending. Please include your child's name and session enrolled in on your request. Please be patient; refund process takes 6 - 8 weeks for the check to be sent in the mail.

CONTACT

You may contact the W.A.T.E.R. Youth Program office at (424) 526-7888.

L.A. COUNTY YOUTH SAILING CAMP

SESSION DATE: _____ CIRCLE LEVEL: BEGINNGER INTERMEDIATE

PARTICIPANT'S NAME: _____

BIRTHDATE: _____ AGE: _____ GENDER: MALE FEMALE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBERS:

HOME: (_____) _____

MOTHER'S CELL: (_____) _____ **MOTHER'S WORK:** (_____) _____

FATHER'S CELL: (_____) _____ **FATHER'S WORK**: (_____) _____

PARENT'S E-MAIL ADDRESS _____

HOW DID YOU HEAR ABOUT THE PROGRAM?_____

IN CASE OF AN EMERGENCY, IF WE ARE UNABLE TO CONTACT EITHER PARENT, PLEASE PROVIDE THE NAME AND PHONE NUMBER OF A RELIABLE FRIEND OR RELATIVE:

NAME:_____ PHONE NUMBER: _____

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AMATEUR ATHLETIC
MINOR WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Los Angeles County W.A.T.E.R. Program athletic/sports program, and related events and activities, the undersigned:

1. Agrees that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but the action, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at the time.
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue the County of Los Angeles, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasee" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Parent/Guardian Signature	Relationship	Date
Parent/Guardian Signature	Relationship	Date

Print Name of Participant _____ Print Name of Parent _____

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FOR OFFICE USE ONLY

50/100 YD Swim Test: PASS FAIL Time:_____Date_____Test Monitor_____

Amount Due$_____Date Paid_____Check #_____Check Name_____

AUTHORIZATION OF CONSENT TO MEDICAL TREATMENT OF A MINOR

I (We), the undersigned, parent(s) of_____, a minor, do hereby authorize all representatives of the Los Angeles County Department of Beaches and Harbors as agent(s) for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and rendered under the general or special provision of any physician and surgeon licensed under the provisions of the Medical Practice Act or the medical staff of any accredited hospital, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgement may deem advisable.

It is understood that effort shall be made to contact the undersigned prior to the rendering of treatment to the patient but that none for the above treatment shall be withheld if the undersigned cannot be reached.

This authorization shall remain effective through January 30, 2023 unless sooner revoked in writing and delivered to said agent(s).

Date:_____ **Home Phone#**_____

Signature of Mother:_____**Cell/Wk Phone #**_____

Signature of Father:_____**Cell/Wk Phone #** _____

Signature of Guardian:_____**Cell/Wk Phone #** _____

In compliance with Consent Manual, California Hospital Association.

Doctor's Name:_____**Phone #** _____

Insurance Carrier:_____**Policy #** _____

Medical Information: (include known allergic reactions, specific medications, medical problems, etc.)

_____

_____

_____

OPTIONAL: Please CHECK which best identifies the participant.

_____ AMERICAN INDIAN/or NATIVE AMERICAN

_____ ASIAN-PACIFIC ISLANDER
(Chinese, Japanese, Korean, Southeast, and persons having origins on the Indian subcontinent)

_____ BLACK/or AFRICAN-AMERICAN

_____ HISPANIC
(Mexican-American, South American, Cuban, Puerto Rican)

_____ FILIPINO

_____WHITE/or CAUCASIAN

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Giving permission to use participant's photos in our Brochure and website for Los Angeles County W.A.T.E.R. Youth Program

IN CONSIDERATION FOR VALUE RECEIVED, I hereby give County of Los Angeles Department of Beaches and Harbors or its assigns the absolute right and permission to copyright and/or publish, or use photographic portraits or pictures of me or in which I may be included in whole or in part, or composite or reproductions thereof in color or otherwise, made through any media at our studio or elsewhere, for art, advertising, publicity, promotions, or any other lawful purpose whatsoever.
I hereby waive any rights that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.
I hereby release, discharge and agree to save County of Los Angeles Department of Beaches and Harbors from any liability by virtue of alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said pictures, or in any process tending toward the completion of the finished product.

Dated this day: _____ Location: _____

Name: _____ Signature:_____

IF THE ABOVE MODEL IS A MINOR THE FOLLOWING MUST BE COMPLETED

Parent, Guardian or Witness: _____ Relationship: _____

COUNTY OF LOS ANGELES

DEPARTMENT OF BEACHES AND HARBORS

W.A.T.E.R. YOUTH PROGRAM

All W.A.T.E.R. Youth Program Applicants are required to pass a timed, 100 yd. swim test in order to participate in Sailing Camp. All tests must be administered by an American Red Cross certified lifeguard or a registered USA/YMCA swim coach. The test time is as follows: Sailing Camp – 100 yards under 2:20. Proof of passing the test is required to process the applications for Youth Program activities. Please include this form with the submittal of your application. Thank you and good luck!

Date_____

Child's Name_____

100 yd. Swim Time _____

Examiner's Name_____

Examiner's Title _____

Organization of Certification (i.e. Red Cross) _____

Certification Number _____

Examination Location_____

Examiner's Signature_____

Phone number where Examiner can be reached_____

Office: (424) 526-7889