

► KinderPram Camp



- **Ages:** 4-6
- **Meets:** 5 - 7pm, Select Mondays
- **Dates:** June 16, 23, 30, July 14, 21, 28
- **Cost:** \$250.00 (includes GLSS t-shirt)
- **Class size:** 15 students max.

Description

A late afternoon of sailing and fun. KinderPram is geared toward kids ages 4-6 as an easy introduction to sailing at our lakefront. This unique program will be a safe, interactive experience requiring one adult parent or guardian to accompany each student enrolled.

The GLSS will provide entertaining activities targeting rudimentary sailing skills both on and off the water. Kids will join their guardian or a GLSS instructor for a comfortable ride in our safe, simple Pram dinghies along our quiet lakefront. While ashore, groups will rotate through activity stations which include fun nautical lessons, games and crafts.

Requirements

- One parent or guardian per child to be actively involved with supervising and assisting the GLSS staff with the program.
- Parents to supply drinks and snack for each of the Monday events.
- No drop offs
- Student and guardian must each bring properly-fitting Coast Guard approved lifejacket.

Curriculum*

Station 1: seamanship:

- 8-Knot lesson, rope coil races, rolling sails, boat part label game, make-a-boat

Station 2: teamwork:

- Bailer races, boat scavenger hunt, human knot, happy ball, lifejacket race, water relay

Station 3: sailing:

- Launching, sailing out while steering up down, "3t's: tack-tiller-toward sail", landing

* note the above represents a sample curriculum. Some activities may be replaced..

Registration:

1. Please fill out registration form and participation waiver.
2. Mail to: GLSS, 1250 S. Lakeshore Dr., WI 53125
3. Payment in full must accompany registration form.
4. Deadline for all registration: June 9, 2008.
5. Registration is on a first-come, first-served basis. Applicants will be put on a waiting list after first 15 class seats are filled.
6. Questions? Contact Kevin Jewett at (262) 275-8489, or sail@glss.org

2008 KinderPram Registration Form

Geneva Lake Sailing School 1250 S. Lakeshore Dr., Fontana, WI 53125 (262) 275-8489; Fax: (262) 275-8489



Parent Information

Name(s):	Summer Home Phone:
Permanent Address:	Cell Phone:
City: State: Zip:	In Case of Emergency, Contact:
Email Address:	Name:
Home Phone:	Phone:

Participating Guardian Information

Name(s):	Relationship to student:
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Student Information

Name(s):	Age:	Birth:	Sex:	T-Shirt Size:	Class Code:	Class Description:	Dates	Fee:
<i>Sample</i>	<i>X</i>	<i>00/00/00</i>	<i>M/F</i>	<i>Youth Med</i>	<i>KP1</i>	<i>KinderPram</i>	<i>Mondays</i>	<i>\$250</i>
Total Amount Due:								

Payment Information

Check number: # _____

Visa / MC Card: # _____ - _____ - _____ - _____ Exp. Date: ____/____ 3-digit code: _____

Name on card: _____

Billing Address: Same as above, (if not please indicate below):

 Cardholder's Signature: _____

Survey

Did you sail with the GLSS last year? Yes No How did you hear about us? Newspaper ad;
 Brochure Mailing; Newspaper story; Word of mouth; Rec. Dept. mailing; Web site;

Other: _____

GLSS Emergency Contact / Release Form

Student Name: _____

If Student is a minor, please fill in the following information:

Mother's Name	Father's Name:	
Day Phone:	Day Phone:	
Eve. Phone:	Eve. Phone:	
Who do you wish notified in case of emergency?		
If you cannot be reached at the above phone numbers, please indicate a relative or friend that can authorize and consent to necessary emergency medical treatment:		
Name:	Relationship:	Phone:
1)		
2)		
Doctor/Clinic:	Phone:	
Please circle any that apply and give details below: [Eyeglasses] [Hearing Aids] [Asthma/allergies] [Attention deficit disorder] [Diabetes/hypoglycemia] [Contact Lenses] [Epilepsy] [Circulatory/heart condition] [Hemophilia/bleeding condition]		
Details (use back of sheet if necessary):		

Emergency Treatment Authorization

I/We the undersigned parent, parents, or legal guardian of _____ (the child), a minor, hereby authorize the GLSS and its officers and agents to take whatever actions they believe are warranted under the circumstances for the health and safety of the child, including the placing of the child in the care of a hospital and/or any licensed doctor, dentist or other health care professional. I/We further hereby authorize and consent to any x-ray, examination, anesthetic, surgical or other medical diagnosis, treatment or care (in or out of hospital) of the child rendered by a licensed medical doctor, dentist or other health care professional, at my/our cost and expense. It is understood that this authorization is given in advance of any such diagnosis, treatment or care that may be provided to the child in order to give authority and power to render any such diagnosis, treatment or care which any such licensed doctor, dentist or other health care professional, in the exercise of his/her professional judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment or care may be provided to the child if the undersigned cannot be reached.

Initials: _____

Release

The undersigned parent/guardian recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to induce the Geneva Lake Sailing School to accept his/her child into the Geneva Lake Sailing School, the undersigned parent/guardian covenants and agrees to hold harmless and indemnify the Geneva Lake Sailing School, its officers, directors, employees, and agents from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury to a person or damage to any property arising out of or in anywise connected with the operation of the Geneva Lake Sailing School or any activities on or the use of any facilities or equipment of the Geneva Lake Sailing School.

Initials: _____

Photographic Release

I hereby acknowledge that my child may be photographed while participating in Geneva Lake Sailing School activities and/or programs; I hereby unconditionally authorize Geneva Lake Sailing School, at its sole discretion, to use any such photographs in brochures, flyers and any other advertising, promotional or educational materials.

Initials: _____

Parental Agreement

I/We understand that I/we are responsible for our child's or grandchild's behavior and conduct while at the Geneva Lake Sailing School and will see to it that our child adheres to the program rules. I/We agree to assume the obligation for expenses of repair and/or replacement of program equipment that is attributed to our child's reckless or irresponsible behavior and the expense of medical care if our child is injured. I/We agree to make an appointment for a parent/instructor conference if requested.

Initials: _____

Signature of Father, Mother, Guardian, or Adult Student

Date