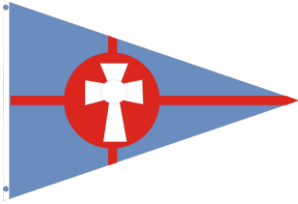


**Calvary Episcopal Church and Pinellas Suncoast Fire and Rescue
Youth Sailing Camp to begin 11th Season:
June 11-22, 2012**



Calvary Episcopal Church and Pinellas Suncoast Fire and Rescue are once again teaming up to offer sailing lessons for local children ages 7 - 16.

PLEASE READ THIS CAREFULLY: The program is dedicated to providing instruction and hands-on experience that will teach young people basic sailing skills. **Maximum enrollment is 50 Students.** We are once again anticipating a substantial waiting list. We cannot take more than 50 children i.e. ***NO more than 25 children in each session.*** While we will attempt to accommodate requests for session time preferences, this may not be possible.

The two-week program runs from Monday – Friday, (AM Session 9-12. PM Session 1-4) beginning Monday June 11th and concluding with graduation (all campers, AM & PM, graduate together in the morning) on Friday June 22nd.

Parents must certify that their child is at least an “intermediate” level swimmer.

Parents are invited and encouraged to attend classes and work together to provide snacks, drinks, and assist with preparation for graduation lunch (hot dogs etc).

2012 Program Fee will remain the same as last two years: \$80.00 (eighty dollars US) per student (fee covers the full two weeks), and *all students are expected to participate for the full two weeks.*

Application will be accepted “first come first served” and should be returned to Fr Bob via email (frbob.wagenseil@gmail.com) or via US Mail:

**Calvary Episcopal Church
1615 1st Street Indian Rocks Beach 33785** (behind Guppys Restaurant).

For further information contact Fr Bob at 510-6153 or by email : frbob.wagenseil@gmail.com

Enrollment Form - Community Youth Sailing Program

This Form must be completed by child's parent or legal guardian

PLEASE see Program Information Above

***return completed form by email (frbob.wagenseil@gmail.com) or via US Mail

Full Name of Child: _____
Last First Middle

Child's Age: _____ Gender _____ Date of Birth: _____

Address: _____

Name, address, email & telephone number of emergency contact person:

Child's health insurance provider: _____

Child's Parent(s) or legal guardian: **please type or print clearly**

Name: _____

Relationship _____

Address: _____

Tel: _____

Email: _____

Are there any health issues that would prevent your child from taking full part in a strenuous activity such as sailing? _____

I do hereby certify that the above named child is swimming at intermediate level or above:

Please print your name: _____

Please sign your name: _____ Date: _____

Course Fee: \$ 80.00 per child (payable to Calvary Episcopal Church)

Session Time Preference: Morning _____ Afternoon _____

Child to bring or wear the following: Bathing Suit, towel, sunscreen, hat, sunglasses, change of clothes, closed toe non-skid boating-suitable shoes, TYPE II or III USCG cert PFD (life jacket)