

Sailing Club Permission Form Fall 2015/Spring 2016

To: 5th, 6th, 7th, and 8th grade Students and Parents

From: Mrs. Napoli

Subject: Sailing Club

Date: September 17, 2015



The 2015-2016 East Moriches School District's Sailing Club sessions are about to begin. This club is designed for all 5th, 6th, 7th, and 8th grade students **with or without** sailing experience.

The Sailing Club will take place at the Silly Lilly Fishing Station located at 99 Adelaide Ave. in East Moriches. The transportation from the Middle School to Silly Lilly will be provided by the District. Students participating in this club will take **Bus 4** to the corner of Montauk Avenue and Adelaide Avenue, where they will be met by Mrs. Napoli, the club advisor, and walk the rest of the way to Silly Lilly. Students must be picked up at Silly Lilly at the end of each session. The sessions will start at 3:10pm and run through 5:00pm. Based on enrollment, members will be teamed into groups of 4-5 and assigned a day of the week that their group will meet.

Sailing Instruction will be lead by Mr. Grunseich, owner/operator of Silly Lilly. Safety equipment will be provided to all students including life preservers, first aid kit, and AED. Meetings will begin September 24, 2015 and continue as long as the weather permits this Fall, then pick up again in the Spring once the weather permits (approx. late May). All members will be given a schedule of Fall and Spring sessions.

If you have any question or concerns please feel free to contact Mrs. Napoli at dnapoli@emoschools.org and reminders will be sent to club members and their parents through [Remind101](#) which can be accessed using the code [@sailingclu](#).

Please sign and return the bottom portion of this form and retain the top portion for your records.

Contact and Permission Form

I certify that it is with my knowledge and consent that my child, _____ may take part in the Sailing Club at The Silly Lilly Fishing Station through The East Moriches School District during the **Fall 2015/Spring 2016** session. I understand and accept the terms of this permission slip.

Home Phone _____ Cell Phone _____

Family Doctor _____ Doctor's Phone _____

Emergency Contact Name _____ Phone _____

Signature of Parents/Guardian _____ Date _____