



WBYC JR. SAILING PROGRAM REGISTRATION/MEDICAL FORM-2010
(complete one form for each child registering form program)

NAME _____
 Summer Address _____
 Winter Address _____
Email Address: _____
 Date of Birth _____
 Mother's Name _____ Tel # _____ Cell# _____
 Father's Name _____ Tel # _____ Cell# _____
 Emergency Contact _____ Phone # _____
 Physician's Name _____ Phone# _____
 Date of last Tetanus Shot _____
 Health Insurance Company _____ Policy# _____
 Any health problems/learning disabilities we should be aware of? _____

Is your child taking any medication? Y/N Please specify _____
 Any allergies _____
 2009 class or previous sailing experience _____

Please enroll my child in the following class: (\$50 reduction in tuition for additional siblings)
Member _____ **Non Member** _____

Optimist _____ (must have your own Opti ready to sail on the first day)
 \$350.00 _____ \$450.00 _____

Advanced Optimist (instructor recommendation)
 \$350.00 _____ \$450.00 _____

420 Racing Team
 \$450.00 _____ \$550.00 _____

Partial Sailing
Optimist \$300.00 _____ **420 class** \$350.00 _____
 Session (1): June 28th-July 22nd _____
 Session (2): July 26th-August 19th _____

Enrollment is limited. Club Members and grandchildren of club members will be placed before non-members. To register you must send this completed form and your payment by **May 31st**. Please make checks payable to Waquoit Bay Yacht Club. Mail with registration form to:
Karen McLeod 60 Greendale Avenue Needham, MA 02192

I authorize the program organizers or their employees to sanction emergency treatment if none of the above people can be contacted at the time of an emergency. My child/children and I have read and agree to abide by the rules of the WBYC Junior Sailing Program. (see Junior sailing Handbook link to download) I agree on behalf of myself and my child/children to indemnify and hold harmless the Waquoit Bay Yacht Club and any of its officers, members, agents or employees from and against any and all liability, loss cost or injury to any person, persons or property.

Parent/Guardian Signature _____
 Date _____