



Corinthian Yacht Club Junior Sailing Program APPLICATION FOR 2010 CLASSES

Personal Information

Child's Name _____ Date of Birth _____
 Address _____ Age (as of 6/28/10) _____
 Parent's email: _____ Grade Completed (as of 6/28/10) _____
 Mother's Name _____ Home # _____ Work # _____
 Father's Name _____ Home # _____ Work # _____

Class Choice

Please include a second choice in case we are unable to accommodate your first selection.

	1 st choice	2 nd choice		1 st choice	2 nd choice
Novice Navigator			Advanced Opti Class		
Session 1 (7/19 – 7/29) AM	_____	_____	Session 1 (7/12 – 7/29)**	_____	_____
Session 2 (7/19-7/29) PM	_____	_____			
Beginner Class			Opti Junior Fleet***		
Session 1 (6/28 – 7/15)	_____	_____	Group A (Mon & Thurs)	_____	_____
Session 2 (8/2 – 8/19)	_____	_____	Group B (Tues & Fri)	_____	_____
Intermediate Class			Intro to Laser Class		
Session 1 (6/28 – 7/15)	_____	_____	Session 1 (6/28 – 7/8)	_____	_____
Session 2 (8/2 – 8/19)	_____	_____	Session 2 (7/12 – 7/29)****	_____	_____
			Session 3 (8/2 – 8/19)*	_____	_____
Intro Opti Class			Laser Junior Fleet***		
Session 1 (6/28 – 7/8)	_____	_____	Group A (Mon & Thurs)	_____	_____
Session 2 (8/2 – 8/19)*	_____	_____	Group B (Tues & Fri)	_____	_____

Comments that may help us place your child:

Note:

- * Intro Opti 2 and Intro Laser 3 will not meet the week of 8/9 – 8/12 due to the Junior Olympics
- ** Advanced Opti class will be held the week before and the week after Junior Race Week and sailors may be able to participate in MJRW if interested
- *** All Opti and Laser Fleet classes will be invited to participate in weekly inter- or intradub racing on Wednesday afternoons and sailors will be supported in their participation in other regional regattas
- **** Intro Laser 2 will not meet the week of 7/19 – 7/22 due to Junior Race Week



**Corinthian Yacht Club
Junior Sailing Program
EMERGENCY MEDICAL FORM FOR 2010**

Personal Information

Child's Name: _____ Date of Birth: _____

Address: _____

Primary Contact (Parent or Guardian)

Name: _____ Relationship: _____

Home# _____ Work # _____ Cell # _____

Alternate Contact (If a parent or guardian are not available)

Name: _____ Relationship: _____

Home# _____ Work # _____ Cell # _____

Medical Information

Physician's Name: _____ Physician's Phone: _____

Dentist's Name: _____ Dentist's Phone: _____

Please list any health/learning problems that might affect your child's participation in this program:

Please list any medications that your child is taking: _____

Please list any allergies your child may have: _____

Health Insurance Provider: _____ Acct #: _____

Medical Waiver

I understand that a reasonable attempt will be made to contact me should an emergency arise, but in the event that Corinthian Yacht Club is unable to reach any of the names above, I give permission to transport my child to the nearest source of emergency care and to administer necessary and appropriate medical care.

Parent/Guardian Name (please print): _____

Liability Waiver

My child, _____, can swim 50 yards. I agree on behalf of myself and my child to make no claims against Corinthian Yacht Club, or any of its officers, directors, members, agents or employees for any loss of, or damage or injury to, any person or persons or property, and to protect the Club and its officers, directors, members, agents, or employees against liability for any such loss, damage or injury caused by my child.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____