



Corinthian Yacht Club
Sailing Program
APPLICATION FOR 2009 CLASSES

Personal Information

Name _____ Club # _____

Address _____

Email _____

Home # _____ Work/Cell # _____

Class Choice

Please include a **2nd choice** in case we are not able to accommodate your first selection.

	First Choice	Second Choice	Comments that may help us place you:
First Session Mondays 6/15 - 7/13	_____	_____	
First Session Tuesdays 6/16 - 7/14	_____	_____	
First Session Wednesdays 6/17 - 7/15	_____	_____	
Second Session Mondays 7/20 - 8/17	_____	_____	
Second Session Tuesdays 7/21 - 8/18	_____	_____	
Second Session Wednesdays 7/22 - 8/19	_____	_____	

All classes will be held from 5:00 pm to 7:30 pm and are five weeks in duration.
Rain dates may be necessary in the event of inclement weather.

Mail Application and Emergency Medical Form to:

Corinthian Yacht Club Sailing Program
P.O. Box 401
Marblehead, MA 01945



**Corinthian Yacht Club
Sailing Program
EMERGENCY MEDICAL FORM FOR 2009**

Personal Information

Name: _____ Date of Birth: _____

Address: _____

Primary Contact

Name: _____ Relationship: _____

Home# _____ Work # _____ Cell # _____

Alternate Contact

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 participation in this program:

Please list any medications that you are taking: _____

Please list any allergies you may have: _____

Health Insurance Provider: _____ Acct #: _____

Liability Waiver

I agree 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 myself.

Signature: _____

Date: _____