



**Corinthian Yacht Club
Junior Sailing Program
APPLICATION FOR PRIVATE LESSONS**

Personal Information

Child's Name _____ Date of Birth _____

Address _____ Age (as of 6/23/08) _____

Grade Completed (as of 6/23/08) _____ e-mail _____

Mother's Name _____ Home # _____ Work # _____

Father's Name _____ Home # _____ Work # _____

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: _____



**Corinthian Yacht Club
Junior Sailing Program
EMERGENCY MEDICAL FORM FOR 2008**

Personal Information

Child's Name: _____ Date of Birth: _____

Address: _____

Primary Contact (Parent or Guardian)

Name: _____ Relationship: _____

Home# _____ Work # _____ Cell # _____

Secondary Contact (Parent or Guardian)

Name: _____ Relationship: _____

Home# _____ Work # _____ Cell # _____

Alternate Contact (If neither above are 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 y our 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): _____

Parent/Guardian Signature: _____ Date: _____