



SALTAIRE YACHT CLUB, INC.

SALTAIRE YACHT CLUB JUNIOR SAILING

YACHT CLUB FAMILY _____

STUDENT SAILING PROGRAM REGISTRATION

HOME ADDRESS _____

SALTAIRE ADDRESS _____

HOME PHONE _____ SALTAIRE PHONE _____

DATE OF BIRTH _____ AGE _____

YEARS OF SAILING EXPERIENCE _____

EMERGENCY MEDICAL INFORMATION

DOCTOR'S NAME _____

DOCTOR'S ADDRESS _____

DOCTOR'S PHONE _____

ALLERGIES _____

OTHER MEDICAL NEEDS (MEDICATIONS, FOODS,
ETC.) _____

PARENT/GARDIAN TREATMENT AUTHORIZATION

I, _____ authorize the sailing instructors employed by the Saltaire Yacht Club to sanction emergency medical treatment, if the above-named child's parent or guardian cannot be contacted at the time of an emergency.

EMERGENCY CONTACT

NAME _____

RELATIONSHIP TO CHILD _____

HOME PHONE _____ BUSINESS PHONE _____

PARENT OR GUARDIAN SIGNATURE _____

DATE _____