

NCYC Advanced Optimist Racing Clinic Application 2010

Sailors Name _____ Age _____
Street Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

Club Affiliation: _____ Gender: M F US Sailing Member # _____

What Type of boat will you be sailing? Laser ____ Laser Radial ____ 420 ____ Thistle ____

For the 2 or 3 person boat what is your position? _____

Shirt size: Adult S ____ M ____ L ____ XL ____ Additional shirts (for a fee): S ____ M ____ L ____ XL ____

SAILING BACKGROUND INFORMATION

Years of Sailing Experience: _____

Recent Sailing Results:

FEES:

Opti sailors: \$200

Additional food passes: \$25

METHOD OF PAYMENT:

Checks should be made payable to: **North Cape Yacht Club**

Please specify on the check the participant's names whose fees are being covered by the check.

Amount Enclosed: _____ Check #: _____

RETURN APPLICATION AND MEDICAL CONSENT FORM TO:

North Cape Yacht Club

Attn: Jeff Mackay
12704 N. Lakeshore Dr.
LaSalle, Mi 48145

Email: jeff6026@charter.net

Phone: 734-243-6026

NOTE: Receipt of this application will reserve your position until June 1st. Please remit payment by June 1st to continue to hold your position.

**NCYC Advanced Racing Clinic 2010
Medical Information and Consent Form**

Participant's Name _____

Parent/Guardian's Name (if participant under 18 yrs.) _____

Home Phone _____ Cell Phone _____

Work Phone _____ Other (please indicate) _____

Medical Insurance Company _____ Policy Number _____

Primary Care Physician _____ Phone Number _____

Dentist _____ Phone Number _____

Please describe any medical conditions or concerns. _____

Please list any medications to inform medical personnel in treating your child in case of emergency.

Emergency Contact Person (other than person listed above) _____

Relationship _____ Phone Number _____

The undersigned represents that they are the parent/guardian of the junior sailor named above, and in the event of injury or illness of said junior sailor while participating in the NCYC Advanced Racing Clinic, agree to the following provided the undersigned is unavailable:

1. The undersigned consent to furnishing to said child, medical care, attention and treatment by any hospital or physician deemed necessary or advisable.
2. The undersigned authorize any officer or member of North Cape Yacht Club to consent to medical care, attention or treatment of said child.
3. The undersigned shall be responsible for all costs of such medical care, attention or treatment, and shall indemnify and hold free and harmless from any and all liability for such cost North Cape Yacht Club and the officers and members thereof.

Parent/Guardian Signature _____ Date _____

I refuse to give anyone consent to authorize the medical treatment of my child. In case of emergency, contact myself or anyone else listed on this application.

Parent/Guardian Signature _____ Date _____