

# NCYC Advanced Race 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

Fees include lodging with a local NCYC member if desired and meals from lunch Wednesday through lunch Saturday. Evening activities are planned. Some off site activities will not be covered by the clinic fees.

Lasers & Radials: \$300  
420's : \$550/ boat, \$275 / Person  
Thistles: \$750/ boat, \$250 / person

Note: We will attempt to house groups together as desired. Please write requests for housing partners in the free space at the bottom of this page.

## METHOD OF PAYMENT

Checks may be made per boat or per person. Please specify on the check the participant's names whose fees are being covered by the check.

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

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](mailto:jeff6026@charter.net)

Phone: 734-243-6026

**NOTE: Receipt of this application will reserve your position until June 1<sup>st</sup>. Please remit payment by June 1<sup>st</sup> 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 \_\_\_\_\_

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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 \_\_\_\_\_

