



# MHYC

**Start Opti Sailing (S.O.S) 2011**

**Wednesday Nights 6-15-11 through 7-20-11**

**6:00pm to 8:00pm**

**Ages 5-7 - Others ages will be considered on a case by case basis**

Parent's Names: \_\_\_\_\_

Children's Names: \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Member # \_\_\_\_\_

Will be charged to account. \$80.00 per child

Non Members:

Please include a check payable to :

Mentor Harbor Yacht Club

\$125.00 per child.

This program is run by volunteers from MHYC. Please indicate weather or not you are willing to assist during the class.

(On water) Yes \_\_\_\_\_ No \_\_\_\_\_ , and/or (Off water) Yes \_\_\_\_\_ No \_\_\_\_\_

Enrollment in this program is limited. Applications will be accepted on a first come first serve basis. You will be notified if the class had been filled prior to receiving your application.

# MHYC MEDICAL EMERGENCY INFORMATION

## Summer 2011

Must be completed with application for Camp, Sail Race Team, SOS or Swim Team.

*One form for each participant.*

Name \_\_\_\_\_ Date of Birth \_\_/\_\_/\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

### Emergency Contacts:

Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_  
Cell # \_\_\_\_\_ Other # \_\_\_\_\_

Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_  
Cell # \_\_\_\_\_ Other # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical History –

---

---

Allergies – Please List

---

---

Medications – Please List

---

---

Insurance Company \_\_\_\_\_ contract/group \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Name of insured \_\_\_\_\_ SS# \_\_\_\_\_

Employers Name \_\_\_\_\_

Permission is hereby granted for transport to the nearest medical facility and treatment if necessary. We waive any claim against Mentor Harbor Yachting Club and its employees for all causes which may arise in connection with the activities of Crows Nest Sailing Camp and related activities.

Signed \_\_\_\_\_

Parent or guardian signature