

ECSC Medical and Consent Form

I hereby grant permission for _____ to participate in the Junior Sailing Program sponsored by the Eagle Creek Sailing Club (ECSC), I agree that ECSC and its members shall be free of any liability for damages, material or personal, arising from my son's/daughter's participation in the program. I further agree to pay for any boat damage in which my son/daughter is involved. In case of emergency, a supervising adult or instructor may transport my child, for any emergency treatment as determined by said hospital.

X

Sign _____ Date _____

In case of emergency, Notify: _____

Relationship: _____

Telephone: _____ Alternate Number: _____

My child does/does not (circle one) have any medical disabilities or allergic reactions (e.g. poison ivy, asthma, etc.) which could pose difficulties in the participation of the program. (Explain if necessary.)

Is any medication required? Yes / No (Circle One)
If yes, give name and directions:

Date of last tetanus shot _____

8901 West 46th Street
Indianapolis, In 46206



Registration Form

Jr's Name (age 10-18)

Street Address

City _____ State _____ Zip _____

Telephone Number Day _____ Cell _____

Birth Date _____ Age _____

Previous sailing experience:

() ECSC Jr. Week 2002 () ECSC Jr. Week 2003
() ECSC Jr. Week 2004 () ECSC Jr. Week 2005
() ECSC Jr. Week 2006 () ECSC Jr. Week 2007

I have read the program information and agree to my child's participation in the Junior Sailing Program sponsored by ECSC. I realize that he/she will be required to sail in all weather conditions considered safe.

Parent/Guardian Signature _____ Date _____

Check the desired weeks:

____ June 9-13

____ June 16-20

____ June 23-27

Prices:

- \$150 for 1 week

- \$275 for 2 weeks

- \$385 for 3 weeks

- \$25 per week discount if previously attended camp.

- \$30 per week extra to watch your child from 3pm to 5:30pm to accommodate a later pickup.

\$ _____ Total Due

- **CLASS STARTS at 9:00am**
- **BRING LIFE JACKET**
- **BRING LUNCH, WE SUPPLY DRINKS**
- **CHANGE OF CLOTHES**
- **PICK-UP BEFORE 3:00pm**

Make check out to ECSC, non-refundable, Mail to ECSC, c/o Wayne Myers, 23 Motif Blvd. S-106, Brownsburg, IN 46112

If you have any questions:

Wayne Myers
317-852-9163
ALARMCO@NETDIRECT.NET