

**2016 ECSC SAIL CAMP
REGISTRATION & MEDICAL CONSENT FORM**

(Please Print)

ATTENDEE INFORMATION			
Last name:	First:	Age:	Birth date: / /
Street address:		Phone no.:	
City:	State:	ZIP Code:	Parent email:
<p>I hereby grant permission for above named attendee 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 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. 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.</p>			
X _____ Parent/Guardian Sign		_____ / _____ / <u>2016</u> Date	
DESIRED CAMP DATES			
(Place an X in the box of the desired dates.)			
<input type="checkbox"/>	June 20-June 24	Cost \$300	
<input type="checkbox"/>	June 27-July 1	Cost \$300	
<input type="checkbox"/>	June 20-24 and June 27-July 1	Cost \$500 ← Save \$100 on two week	
Total amount due:		Please make non-refundable check out to ECSC. Mail to: ECSC c/o Chuck Lessick 1274 S. Jefferson St. Brownsburg, IN 46112	
Class Starts at 9:00am Pick-up is 4:30-5:00pm ❖ Bring life jacket ❖ Bring lunch ❖ Bring change of clothes			
MEDICAL INFORMATION			
In case of emergency notify:		Phone no.:	
Relationship:		Alt phone no.:	
My child <input type="checkbox"/> has <input type="checkbox"/> does not 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.)			
My child <input type="checkbox"/> has <input type="checkbox"/> does not have any medication which is required to be taken while attending. (List names and directions as necessary.)			
Date of last tetanus shot:			