

2019 Junior Sailing School and Camp

REGISTRATION & MEDICAL CONSENT FORM

ATTENDEE INFORMATION

Last name: _____ First: _____ Age: _____ Birthdate: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Tel # _____ Parent Tel # _____ Parent Email: _____

I hereby grant permission for above named attendee to participate in the Junior Sailing Program sponsored by the Eagle Creek Sail 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 for which my son/daughter is responsible for. In case of emergency, a supervising adult or instructor may transport my child, for any emergency treatment as determined by said hospital.

X _____ Date _____

DESIRED CAMP DATES

_____ June 10th -14th (Cost \$300) _____ June 24th -28th (\$300) _____ BOTH WEEKS (\$550)

Please make non-refundable check out to ECSC. Mail to:
ECSC c/o Dan Nicholas 6387 Eastern Range Road, Indianapolis, IN 46234

Class/ Camp starts at 9:00 am. Pick up is at 4:30 -5:00 pm on location at
Eagle Creek Sail Club, 8901 W 46th Street, Indianapolis, IN 46234 (not @ Eagle Creek Park)

BRING : life jacket, lunch, change of clothes, sunscreen & A Ready To Have Fun Attitude!

MEDICAL INFORMATION

In case of emergency notify; _____ tel# _____

Relationship _____ Alt. tel # _____

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My Child _____ has or _____ does not have any medical disabilities or allergic reactions (e.g., poison ivy, asthma, etc.) which could pose difficulties participating in the program. (Explain if necessary)

My Child _____ has or _____ does not have any medication which is required to be taken while attending. (List names and directions as necessary)

Date of Last tetanus shot: _____

For any other information and questions please contact:

Dan Nicholas 317.414.0470 or Wayne @ 317.508.9767

Or please email SailCamp@ECSC.org

FOR MORE INFORMATION ABOUT THE CLASS ,PHOTOS, DIRECTIONS AND ACTIVITIES PLEASE VISIT OUR WEBSITE

<http://www.ecsail.org/juniors/lessons/>