



2020 Junior Sailing School and Camp

REGISTRATION & MEDICAL CONSENT FORM

ATTENDEE INFORMATION

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

Street Address: _____

City: _____ State: _____ Zip code: _____

Child T-Shirt Size: _____

Child 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 8th - 12th (Cost \$325)

_____ June 22nd - 26th (\$325)

_____ BOTH WEEKS (\$600)

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:

Eagle Creek Sail Club, 8901 W 46th Street, Indianapolis, IN 46234 (**not at Eagle Creek Park)

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

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MEDICAL INFORMATION

In case of emergency notify; _____ tel# _____

Relationship _____ Alt. tel # _____

My child (please circle one) 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. (Please explain if necessary)

My child (please circle one) 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 or questions please contact:

Dan Nicholas: 317.414.0470 | indynicholas@att.net

Wayne Myers: 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>