

WIANNO YACHT CLUB
2012 ADULT SAILING PROGRAM – REGISTRATION FORM

IF YOU ARE REGISTERING MORE THAN ONE ADULT STUDENT, PLEASE COMPLETE A SEPARATE FORM FOR EACH STUDENT. BOTH PAGES (REGISTRATION FORM AND MEDICAL RELEASE) MUST BE COMPLETELY FILLED OUT.

Are you a member of the Wianno Yacht Club? Yes No

1.
REGISTRATION INFORMATION

Student Name _____

Spouse's name _____

Summer Address _____

City _____ State _____ Zip _____

Winter Address _____

City _____ State _____ Zip _____

Cell phone _____ Work phone _____

Summer phone _____ Winter phone _____

E-mail address: _____ (will not be shared)

2.
SCHEDULE AND FEES

The Adult Program will meet six Wednesday evenings 5:30 p.m. - 7:30 p.m., June 27th through August 15th, no classes July 4th or 25th. Classes may be cancelled if weather is inclement; make-up date, if possible, TBD - (no refunds).

The program fee is \$225.

MAIL YOUR COMPLETED FORM WITH CHECK PAYABLE : WIANNO YACHT CLUB

Wianno Yacht Club
c/o Bottomline Bookkeeping
P.O. Box 727
W. Hyannisport, MA 02672

3.
EMERGENCY CONTACT INFORMATION

If not spouse, whom do you wish notified in case of an emergency?

_____ Relationship _____

Cell phone _____ Work phone _____

Summer phone _____ Winter phone _____

If your primary contact cannot be reached at the phone numbers above, please indicate a relative or friend that can authorize and consent to necessary emergency medical treatment:

Name Relationship Phone

4.
MEDICAL INFORMATION

Doctor / Clinic _____

Phone _____

Please check any that apply and provide details below for any condition that we should be aware of: Eyeglasses Contact Lenses Hearing aid Asthma / Allergies Epilepsy Circulatory / Heart problems Diabetes / hypoglycemia Hemophilia / Bleeding condition Other condition: _____

Please list any medications the student is currently taking: _____

EMERGENCY TREATMENT AUTHORIZATION

I the undersigned Adult Sailing Program student, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any physician licensed in the Commonwealth of Massachusetts. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to provide the authority and power to render care where the aforementioned physician in the exercise of his/her best judgment may deem advisable. (continued)

It is understood that effort shall be made to contact the emergency contact person named on page one of this form prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the emergency contact person cannot be reached.

Signature of Adult Sailing Program student

Date

Medical Insurance Company

Policy Number

RELEASE

The undersigned Adult Sailing Program student recognizes that an element of risk is involved in all water sports, including sailing. Therefore to induce the Wianno Yacht Club to accept him/her into the Adult Sailing Program, the undersigned student covenants and agrees to hold harmless and indemnify the Wianno Yacht Club, its officers, directors, employees and agents from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury of the student or damage to any property arising out of or related in any way connected with the operation of the Wianno Yacht Club Adult Sailing Program or any activities on or the use of any facilities or equipment of the Wianno Yacht Club.

Signature of Adult Sailing Program student

Date

Printed Name

CERTIFICATION OF SWIMMING SKILLS

I, a student in the Wianno YC Adult Sailing Program, do hereby certify that I can swim unaided for 50 yards and tread water for one minute at the completion of the fifty yard swim.

Signature of Adult Sailing Program student

Date

Printed Name

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