



Bantam Lake Yacht Club Registration Emergency Medical Information and Release Junior Sailing Program

Circle session & time below:

Beginner & Intermediate Classes /Ages: 9-18
Class A: 1:00 -3:00 pm (5 classes per 1 week)
Class B: 3:30-5:30 pm (5 classes per 1 week)
\$160 per week/ per class
Week of:
July 9th
July 16th
July 23rd
July 30th
August 6th
August 13th

Sailor's Name: _____

Date of Birth: _____

Address: _____

Parent or guardian's Email: _____

Person(s) to notify in case of illness, injury, or problem:

Name: _____

Phone/Cell: _____

Name: _____

Phone/Cell: _____

- Are there any limitations to this sailor's participation in the program?
- Are there any medications this sailor takes which we need to hold in the clubhouse or have the instructor know he/she is taking? Yes No Describe _____
- Is there anything you would like to tell us about your sailor to help him/her have their best experience?

Sailor's Doctor: _____ Phone: _____ Hospital preference: _____

Medical Insurance Information:

Company: _____ Policy #: _____

Consent: Consent is hereby given for the sailor to attend Bantam Lake Yacht Club (BLYC) Sailing Program and permission is given for any emergency care which may be necessary.

Signature of Parent/Guardian: _____ Date: _____

Liability Release: I, _____, Parent/Guardian of _____, hereby acknowledge that I am fully aware of the risks and dangers associated with the sport of sailing and the scope and activities of the participants in the BLYC Sailing Program. I release the BLYC, its officers, directors, members and instructors from all liability associated with an injury or property lost resulting from participation in the program or any event in the program that may happen to the above named sailor. **The sailor and the parent/guardian agree that participation in the program is at the sailor's own risk.**

Signature of Parent/Guardian: _____ Date: _____

Signature of Sailor: _____ Date: _____

Please send completed forms/check to: BLYC c/o
Denis Williamson 211 West Street, Morris, CT 06763
hbw@thewagesfamily.com