

**2012 NORTH COVE JUNIOR SAILING PROGRAM**  
**Emergency, Medical & Experience Information**

Information:

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

**If the Student will be staying at an address other than the one above during attendance at the sailing program, Please complete the following:**

Staying with \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

**In the event that a parent/guardian cannot be reached at the above telephone numbers, the following persons should be called:**

Name \_\_\_\_\_ Tel.# \_\_\_\_\_

Name \_\_\_\_\_ Tel.# \_\_\_\_\_

Physician \_\_\_\_\_ Tel.# \_\_\_\_\_

Hospital Preference \_\_\_\_\_

**Medical Information:**

Circle any current illness or health condition we should be aware of such as:

Asthma

ADD/ADHA

Other – Please List

Diabetes

Seizures

Serious Allergies

\_\_\_\_\_

\_\_\_\_\_

Current Medications – Please List \_\_\_\_\_

\_\_\_\_\_

Is there anything else that we should be aware of regarding your child's participation in?

The program? Please specify \_\_\_\_\_

\_\_\_\_\_

Please be sure you continue on page two and sign as requested.

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**Experience Level:**

The program consists of basically two levels, beginner and intermediate. To aid the instructors in organizing the class by experience level would you please indicate previous sailing experience and which level you feel your child shown be placed in. The instructors in an effort to place students where they will be the most comfortable evaluate all potential intermediate students on the water in the classroom. Should you or your child feel that they had been placed in the wrong group please notify the instructors as soon as possible

Previous Instruction at North Cove \_\_\_\_\_ Other \_\_\_\_\_  
Placement Level Beginner \_\_\_\_\_: Intermediate \_\_\_\_\_:

Please indicate any other sailing experience that you feel would be helpful \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that in the event of an emergency, every effort will be made by NCYC personnel to reach the student's parents or guardians at the above telephone numbers; however, if that is not possible I give permission for North Cove Yacht Club personnel to make medical decisions on my behalf and for my child to be treated by emergency personnel.

I also hereby state that the above information supplied is complete and correct and that I know of no reason why my child should not participate in a rigorous program of sailing instruction.

\_\_\_\_\_  
Name of Parent or Guardian Please Print

\_\_\_\_\_  
Signature of Parent or Guardian Date \_\_\_\_\_