Plymouth Yacht Club
2019 Adult Sailing Registration Form

Name: _____ Date of Birth: _____ Sex: ____
Last First M.I.

Address: _____
Street City State Zip Code

Telephone: Home_____Work_____Cell_____

Email: _____ How did you hear about the program?_____

In case of emergency who should we contact?

_____
Name Telephone

Do you have any of the following **medical problems**: (Circle yes or no. Give details below.)

Asthma	*Yes*	*No*	Diabetes or Hypoglycemia	*Yes*	*No*
Heart/Circulatory Problems	*Yes*	*No*	Hemophilia/Bleeding Disorder	*Yes*	*No*
Epilepsy/Seizure Disorder	*Yes*	*No*	Other Medical Condition	*Yes*	*No*
Kidney or Liver Problem	*Yes*	*No*			

Details: _____

Are you **allergic** to any of the following?

Medications _____	*Yes*	*No*	Bee stings/ Insect Bites	*Yes*	*No*
Foods/Peanuts	*Yes*	*No*	Other: _____		

List current **medications** if any:

_____ _____ _____
_____ _____ _____

Fee Schedule: **(**Please circle the applicable fee and session(s))

Member: $200.00 **Non-Member:** $250.00

Sailing Basics/Session	**Beyond Basics/Session**
7/6-7 (pm), 7/20-21 (pm) or 8/3-4 (pm)	7/13-14 (am), 7/27-28 (am) or 8/10-11 (am)

*AM lesson time are 9:00a to 1:00p and PM lessons times are 1:00p to 5:00p

Total Paid $_____ Please make checks payable to Plymouth Yacht Club

PLEASE READ

In consideration of being permitted to enter the above program, being fully knowledgeable of the risks of sailing as an potentially hazardous sport, and recognizing that it shall be the responsibility of each participant to decide whether or not to go out on a boat on any particular day, I voluntarily assume the risk of participation in the same and agree to hold harmless and indemnify against all and any losses and/or claim incident thereto, the Plymouth Yacht Club, it's Officers, and it's employees conducting the instruction. **I understand that a USCG type III approved life vest with attached whistle is MANDATORY.**

Signature _____Date_____