

Please complete both the Registration Form and the Emergency Contact Form

**OCEAN GATE YACHT CLUB  
P. O. BOX 347  
OCEAN GATE, NEW JERSEY 08740**

**2007 JUNIOR SAILING REGISTRATION FORM**

PLEASE COMPLETE AND SUBMIT ONE FORM FOR EACH CHILD YOU ARE REGISTERING.

CHILD'S NAME \_\_\_\_\_ AGE AS OF JUNE 26 \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

SUMMER ADDRESS \_\_\_\_\_

WINTER ADDRESS \_\_\_\_\_

HOME PHONE (SUMMER) \_\_\_\_\_ (WINTER) \_\_\_\_\_

**PLEASE CHECK PROGRAM YOU WISH TO REGISTER FOR:**

	<u>OGYC MEMBER</u> Paid by May 1	<u>OGYC MEMBER</u> Paid by June 1	<u>OGYC MEMBER</u> Paid after June 1	<u>NON-MEMBER</u>
<u>__</u> 1/2 DAY – C Opti only	\$500	\$550	\$600	\$1125
<u>__</u> FULL DAY	\$700	\$750	\$800	\$1550

**PUDDLEDUCK** Check here if you are interested in puddleducks

**\$100 discount for third child enrolled in program**

**PLEASE CIRCLE:** (See accompanying letter to parents for details about meetings)

**BOAT TYPE:** OPTI A    OPTI B    OPTI C    SUNFISH    LASER    420 skipper    420 crew

**SAILING MEETING DATE:** Sunday, June 17 @ 10 am

**T- SHIRT SIZE:** Youth S    Youth M    Youth L    Adult S    Adult M    Adult L    Adult XL

By execution of this registration form, I certify that my child can swim and I agree that my child is voluntarily enrolled in the Ocean Gate Yacht Club Junior Sailing Program, that I will adhere to the rules and regulations of the Ocean Gate Yacht Club as they may pertain to the safety and instruction of my child, the administration of this program or the protection of Club property, and that I hereby release the Ocean Gate Yacht Club, its officers, employees and agents, from any and all liability which may arise in connection with my child's participation in this program.

PARENT / GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**For Early Registration Discount, complete and return ALL FORMS with payment by May 1, 2007  
To Avoid Late Registration Charge, complete and return ALL FORMS with payment by June 1, 2007**

Please send completed forms and payment to:

**OGYC    PO Box 347    Ocean Gate, NJ    08740**

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**Emergency Contact Form**

To insure the safety of your children when involved in the OGYC Junior Sailing activities, we are asking that parents fill out one of the following forms for EACH child. This form will be filed in the office and a copy will accompany the child on any trips away from the club. This form must be returned with your registration form. No sailor will be allowed to participate in any event without this completed form.

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

SUMMER ADDRESS \_\_\_\_\_

SUMMER HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**EMERGENCY CONTACTS**

Emergency medical care could be denied to your child if this information is not complete and accurate.  
Please use phone number where you can be reached while your child is at Yacht Club activities.

Mother's Day Phone \_\_\_\_\_ Father's Day Phone \_\_\_\_\_

Mother's Night Phone \_\_\_\_\_ Father's Night Phone \_\_\_\_\_

Mother Cell Phone \_\_\_\_\_ Father Cell Phone \_\_\_\_\_

Person who will care for your child if parents cannot be reached.

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Health Insurance Plan \_\_\_\_\_

Plan # \_\_\_\_\_ Last Tetanus Inoculation \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list all medication (including epi pens), allergies and/or known health issues:

I give my consent to any immediate emergency care and first aid for my child that may be necessary in the event of an accident or injury that may result from or while participating in the OGYC Sailing Program .

PARENT / GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_