

Please complete both the Registration Form and the Emergency Contact Form

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

2009 JUNIOR SAILING REGISTRATION FORM

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

CHILD'S NAME _____ AGE AS OF JUNE 20 _____

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>1/2 DAY – C Opti only</u>	\$500	\$550	\$600	\$1125
<u>FULL DAY</u>	\$700	\$750	\$800	\$1550

\$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 14 10am

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, 2009
To Avoid Late Registration Charge, complete and return ALL FORMS with payment by June 1, 2009**

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 _____