



Junior Sailing Program

Meaghan E. Barger, Program Director John Schell, Sunfish Fleet Captain Bill Engles, Flag Officer

2011 REGISTRATION FORM

*Please complete one form per child. Print clearly and complete all items.
Please return all completed and signed forms by June 30, 2011
Please e-mail: Bargs910@aol.com or call GPYC (973)697-9835
and leave a message if you have any questions.
Please do not call home phone numbers listed in the Green Pond Directory.*

Sailor Information

Child's Name: _____

Birth Date: ___ / ___ / ___ (mo/day/year) Age on 7/1/11: _____ Weight: _____ Gender: F M

Mailing Address: _____

Green Pond Address: _____

Green Pond Phone #: _____

Home Phone: _____ Designated E-mail: _____

Mother's Name: _____ Work or Cell: _____

Father's Name: _____ Work or Cell: _____

GPYC member? (Circle) Yes / No Previous Participant at GPYC? No / Yes (___ # years)

Class (check one)

Lil' Skipper (5-7 years old) _____

Years of experience in GPYC or other Junior Sailing Program: _____

Class Last Year: _____ (Advanced, Intermediate, Beginner, Lil' Skipper)

Important Information

- ◆ All junior sailors must be between the ages of 5 and 17 years old as of July 1, 2011
- ◆ GPYC reserves the right to cancel/combine/change/reschedule any classes if necessary due to weather, unsafe conditions, or scheduling conflicts.

T-shirt Size (check one): Child-M Child-L Adult-S Adult-M Adult-L

Boat Information

- ◆ Since there are a limited number of Optimists, it may be necessary for students that have not demonstrated mastery of boat handling to be limited to land drills until such mastery is shown. GPYC has a fleet of sunfish available for advanced beginners and intermediate students to use during class. Students are encouraged to bring their own boats to class whenever possible. All personal boats must pass a safety inspection before the start of the program. All GPYC members are permitted to use the Club's Sunfish and Optimists during non class times as long as they are accompanied by an adult.

PARTICIPANT MEDICAL INFORMATION

HOME ADDRESS _____
HOME PHONE _____ E-MAIL _____
DATE OF BIRTH _____ GENDER: M / F
MOTHER'S NAME: _____ FATHER'S NAME: _____
MOTHER'S CELL _____ FATHER'S CELL: _____
PHYSICIAN _____ PHONE _____ NAME OF INSURED _____
INSURANCE CO. _____ POLICY # _____ GROUP # _____
Chronic illness, medical conditions, allergies or medication being taken (Please list, or write none) _____

MEDICAL AUTHORIZATION

I hereby authorize an instructor from my Club or Program, or an adult who bears this document, to authorize emergency treatment for the Junior Sailor named above in the event that a parent or legal guardian cannot be reached at the above telephone numbers at the time of the emergency.

Date: _____ Signature of parent or guardian: _____

****EMERGENCY CONTACTS IF PARENTS CANNOT BE REACHED:**

Name	Home Phone	Work Phone	Relationship to Sailor
_____	_____	_____	_____
_____	_____	_____	_____

