

Jr. Sailing School Registration Form

| Beginning Sailing School | (Please print except | for signature, one | e student per form) | Advanced Sailing School |
|--|--------------------------------------|--------------------|--|--|
| Student Name: | | | | Age: |
| Address: | | | | |
| Parent/Guardian Name: | | | | |
| Telephone Number: (for emerg | gency contact) | | | |
| Home: | Cell: | | Work | : |
| T-Shirt Size: (please circle one) | Youth S | M L | Adult S N | M L |
| Tell us about yourself so we ca | n plan best. On | a scale from | 1 to 5, how would | d you rate yourself on: |
| Comfort level of being in the | e water: 1 2 | 3 4 5 | Experience level | l in a boat: 1 2 3 4 5 |
| (Optional) How tall are you | 1? | Boats come | in different sizes! | © |
| Coos Bay Yacht Club Member <u>In Case of Emergency</u> | Sponsor (if imme | ediate famil | y is not a member) |): |
| Contact: | | | Phone: | |
| Student's Physician: | | | Phone: | |
| Your Consent: I hereby authemergency medical treatment | | - | = | esentatives to seek and receive by medical insurance from: |
| Company: | | Group | /Policy #: | |
| members, and sailing school | instructors from ties incurred du | any legal a | action taken as a naior Sailing School | oos Bay Yacht Club, its officers, result of any injuries, property at the Coos Bay Yacht Club or |
| Signature of Parent/Guardian_ | | | | Date |

Postmarked by June 8, 2018 to: CBYC Sailing School 2201 14th Court North Bend, OR 97459

Checks made payable to: Coos Sailing Foundation