



LSYC JUNIOR SAIL CAMP APPLICATION 2009

Choose & circle choice/s: Beginners & Intermediates-June 15-19 and/or June 22-26, 2009

Name: _____ Age: _____ BD: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ T-Shirt Size (Circle) Adult/Child: S,M,L,XL

Home Phone: _____ Mom's Cell: _____ Dad's Cell: _____

CHECK ONE (One application per Student)

LSYC Member: _____ \$125.00 per week Non-member: _____ \$150.00 per week

I the undersigned parent or legal guardian of the above mentioned student do hereby acknowledge that I, as guardian of said student, are aware of the risks and possibility of injury in connection with participation in the Lorain Sailing and Yacht Club Junior Sail Camp summer training program. I hereby grant consent to my child's participation in all Sail camp programs for the summer, including but not limited to, participation in water sports on water and instruction on water. I give permission for student's picture to be used for future camp literature and advertisements. I further agree not to hold Lorain Sailing and Yacht Club, or any of it's instructors, officers, trustees, employees, or agents in any way responsible for any injuries, which occur while said student is participating in Lorain Sailing and Yacht Club "Junior" Sailing Program or which may result from such participation.

Parent: _____ Date: _____

Mail Application & Medical Release to:

Lynn Ensinger, 10204 Granger Road, Garfield Heights, Ohio 44125

Payment for camp is expected prior to the first day of class by check payable to:

Lorain Boating Education Foundation (Please mail or give to Lynn Ensinger)

For questions call Lynn @ #1-440-487-7433

Email: lynn.ensinger@jenningscenter.org



Lorain Sailing and Yacht Club Junior Sail Camp Medical Release Form (Parent to Complete)

Name: _____ Age: _____ Birth Date: _____ Weight: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Mother's cell phone: _____ Dad's Cell: _____

Emergency contact/s

Name: _____ Cell Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Personal physician: _____ City: _____ Phone: (____) _____

Other contacts/phone numbers: _____

Are you taking medications currently? If so, please specify:

Do you have any allergies that require medication? If so, please specify:

Do you have any physical disabilities? If so, please specify: _____

IF YOUR PHYSICIAN IS NOT LOCAL IT MAY NOT BE IN THE INTEREST OF YOUR CHILD TO BE TAKEN TO YOUR PERSONAL PHYSICIAN. IT IS UNDERSTOOD BY THE UNDERSIGNED GUARDIAN/PARENT THAT THE ABOVE MENTIONED CAMPER WILL BE TAKEN TO A LOCAL PHYSICIAN/HOSPITAL AT THE DISCRETION OF THE LORAIN SAILING & YACHT CLUB STAFF.

PARENT/GUARDIAN: _____ **DATE:** _____