



MARIANAS YACHT CLUB

KIDS SAILING DAY CAMP Session 2 – July 15,16,19,20 & 22, 2015

(This information will only be used as a basis to become familiar with your child and his/her needs and in case of emergency.)

Name _____ Age _____

Date of Birth _____ Grade completed in school _____

Parent Name _____

email _____

Address _____ Home Phone _____

_____ Mom's Cell Phone _____

_____ Dad's Cell Phone _____

Place of Employment (father) _____ Phone _____

Place of Employment (mother) _____ Phone _____

Name and Age of Siblings _____

IN CASE OF EMERGENCY:

Notify _____ Relationship _____

Phone: _____ Other Phone # _____

Health Plan _____ Medical Facility _____

Physician _____ Phone _____

ALLERGIES or MEDICAL issues that may affect level of activity _____

RELEASE AND INDEMNITY AGREEMENT

I hereby agree to allow my child, _____, to participate in the Marianas Yacht Club (MYC) Kids Sailing Day Camp and excursions, and in consideration of his/her use of club facilities and boats, I hereby release and relieve and agree to indemnify and hold harmless the Marianas Yacht Club, its officers, members, agents, and employees with respect to any and all claims for property damage, personal injury, death or consequential loss or damage arising out of or incidental to use of any boat or equipment, MYC owned or otherwise, whether said injuries, death, or other damages are suffered as a consequence of negligence on the part of said Club, its officers, trustees, members, agents, employees, or otherwise.

signature of parent or guardian

date

print name

name of child