*Any questions please contact Gov Mac at Michael.McVey@talegence.com or call/text at 614.282.7105*

# Buckeye Lake Yacht Club
# 2017 Junior Sailing Camp Application

Please Indicate Desired Session

☐ Beginner ☐ Intermediate 6/26-30 (5)

☐ Beginner ☐ Intermediate 7/5-7/7 (3)

☐ Beginner ☐ Intermediate 7/10 -13 (4)

Emergency Medical Information

Sailor has or is subject to (please check and give appropriate details):

1. Allergy to a medicine, food, plant, animal, or insect toxin
2. Any condition that may require special care, medication or diet

☐ Asthma ☐ Convulsions
☐ Diabetes ☐ Fainting Spells
☐ Hear Trouble ☐ Bleeding Disorders
☐ Other:_____
Please explain:_____

_____

In case of an emergency, please notify:

#1 Name: _____

Relationship: _____

Phone #1 _____Phone #2 _____

#2 Name: _____

Relationship: _____

Phone #1 _____Phone #2 _____

Physician Name:_____

Physician Phone: _____

Note: All medical information will be kept strictly confidential.

2017 Camp donations appreciated:

- Children/Grandchildren of BLYC Members $185.00/wk
- Non-Member Youth $240.00/wk

For 4 day camps: Members $150, Non-members $192
For 3 day camps: Members $110, Non-members $145

Sailor and Sailor's *Sponsor* Contact Information

Sailor's Name: _____

Age: _____ Birthdate: _____

Address:_____

City, State Zip:_____

Phone:_____

Email:_____

Member's Name: _____

Member's Phone:_____

Member's Email:_____

Parental Statement

Has it ever been necessary to restrict applicant's activities for medical reasons?
☐ Yes ☐ No

If yes, please explain: _____

_____

_____

Does the Applicant take medication regularly or require special care?
☐ Yes ☐ No

If yes, please explain:_____

_____

_____

To the best of my knowledge, the information provided on this application is accurate and complete. I give my permission for full participation in the Buckeye Lake Yacht Club sailing programs, subject to the limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

Parent or Guardian:_____

Date Signed: _____

**Payment**: I wish to donate for ____ # of camp attendees @ $ _____.00 per camp = $ _____.00 total using the following payment method:
☐ cash or check no later than the beginning of the first day of camp
☐ credit card by calling (740.929.9941)or visiting Rebecca at BLYC no later than the beginning of the first day of camp
☐ by member charge, BLYC Member # _____

I authorize member charge or agree to other payment method as checked above: _____ _____
signature date