

Buckeye Lake Yacht Club

2023 Junior Sailing Camp Application

Sailor and Sailor's Sponsor Contact Information

Sailor's Name: _____
Age: _____ Birthdate: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____
Sponsor (Member) Name _____
Sponsor Phone: _____
Sponsor Email: _____
T Shirt Size: _____

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 judgement of medical personnel dictates.

Parent or Guardian: _____

Date Signed: _____

Please Indicate Desired Session

- | | |
|---------------------------------------|-------------|
| <input type="checkbox"/> Beginner | 6/5 - 6/9 |
| <input type="checkbox"/> Beginner | 6/12 -6/16 |
| <input type="checkbox"/> Intermediate | 6/19 -6/23 |
| <input type="checkbox"/> Advanced | 6/26 - 6/30 |

Emergency/Medical Information

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

- Allergy to a medicine, food, plant, animal or insect toxin
- Any condition that may require special care, medicine or diet

- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Hearing Trouble | <input type="checkbox"/> Bleeding Disorder |
| <input type="checkbox"/> Other | |

Please explain _____

Physician Name _____

Physician Number _____

In Case of Emergency

#1 Name: _____

Relationship: _____

Phone#1 _____ Phone#2 _____

#2 Name: _____

Relationship: _____

Phone#1 _____ Phone#2 _____

Fees

- | | |
|--|---------------|
| • Children/Grandchildren BLYC Members, each: | \$325.00/Week |
| • Non-Member Youth, each; | \$425.00/Week |

Payment: (No refunds after April 30, 2023)

- Cash or Check no later than April 30, 2023
 Credit Card by calling (740.929.9941) or visiting the BLYC no later than April 30, 2023
 Member Charge, BLYC Member# _____

I authorize member charge or agree to other payment method or as checked above

Signature _____