

JRSC JUNIOR MEMBERSHIP APPLICATION

Name _____

_____ Yes

_____ No

Parent _____

Parent _____

In what way do you intend to contribute to the progress and improvement of the Junior Sailing Program at JRSC?

Address _____

Phone (Home): _____

E-Mail Address: _____

List any special skills: _____

Birthday: _____

Age: _____

School: _____

Current Grade: _____

Note to parents (please initial below): By signing this application you agree to be held financially responsible for any and all club dues, fees, and assessments as they relate to your son/daughter's participation in the JRSC Junior Sailing Program. This may also include costs and expenses related to participation in local and out of town Junior Regattas.

Three Adult References:

(Must include two Active Members of JRSC)

1. _____

2. _____

3. _____

Previous Yacht Club History _____

_____ Parent's Initials

May we contact these clubs for references? _____

This is to certify that the foregoing information is true to the best of my knowledge. If elected to membership in Jolly Roger Sailing Club, I promise to abide by the rules and regulations set forth in the Constitution of Jolly Roger Sailing Club.

Signed: _____

Parent's signature is also required:

Date of Application: _____

Are your parents Members of JRSC?

Initiation Fee Paid _____

First Reading _____

Second Reading _____

Elected _____

Remarks _____

**Application for Junior Membership in
Jolly Roger Sailing Club**

5961 Edgewater Drive Toledo,
OH 43611
(419) 729-4971

Junior Membership Fees for 2018

Junior Membership Dues: \$40.00 per year (plus \$2.90 sales tax) = \$42.90

Dues are pro-rated from the date of acceptance into the membership.

Initiation Fees for 2018

Junior Membership \$60.00 payable with this application (non-refundable).

Attendance Required at Meetings. The applicant **MUST** initially attend a *General Meeting* or *Board Meeting* where he/she will be introduced to the JRSC Board of Trustees and any other members in attendance. The applicant **MUST** then attend a subsequent *General Meeting*. At each meeting, the application will be read by the *Membership Chairman*. A sponsoring *Active Member* will speak for the applicant at the *General Meeting*, at which time, the *General Membership* will discuss the applicant's petition for membership and then vote on the application. The seniority date will begin on the date of acceptance. **The applicant's Emergency Medical Authorization form must be signed and submitted prior to acceptance into the club.**

General Meetings are held at JRSC the 2nd Tuesday of each month. *Board Meetings* are held at JRSC the 4th Tuesday of each month. Both meetings begin at 7:00 p.m.

Work Hours Required. Junior members are required to work 3 hours per year. Work hours are pro-rated from the date of acceptance into membership.

If you have any questions regarding this application, please contact our *Membership Chairman*:

Phil Fry
(419) 474-0306
E-mail: philfry@juno.com

EMERGENCY MEDICAL AUTHORIZATION

Junior Member's Name: _____

Address: _____

Home Phone Number: _____

Purpose: To enable parents and guardians to authorize the provision of emergency medical treatment for children who become ill or injured while attending Jolly Roger Sailing Club events, when parents or guardians cannot be reached.

Residential Parent/Guardian:

Mother's Name: _____ Daytime Phone: _____

Cell Phone: _____

Father's Name: _____ Daytime Phone: _____

Cell Phone: _____

Guardian's Name: _____ Daytime Phone: _____

(If applicable) Cell Phone: _____

Other Relative: _____ Daytime Phone: _____

Relationship: _____ Cell Phone: _____

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ E.R. Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date: _____ Signature of Parent/Guardian: _____