JRSC JUNIOR MEMBERSHIP APPLICATION

Name ______________________________

Parent _____________________________
Parent _____________________________

Address ____________________________
____
____

Phone (Home): _______________________

E-Mail Address: ______________________

Birthday: ___________________________
Age: _______________________________

School: ____________________________
Current Grade: _______________________

Three Adult References:
(Must include two Active Members of JRSC)
1.__________________________________
2.__________________________________
3.__________________________________

Previous Yacht Club History ____________
____

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?
_____ Yes
_____ No

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

List any special skills: _______________
____
____

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.

_______ Parent's Initials

Initiation Fee Paid _________________
First Reading ______________________
Second Reading ____________________
Elected ___________________________
Remarks __________________________
____
____
____
____
____
____

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:

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____

Date: ___________ Signature of Parent/Guardian: ____________________________________