

**REGISTRATION FORM**  
**TPYC 2017 Instructional Program**

**Family Name:** \_\_\_\_\_

If you know your child(ren) will be away for camps, family vacation, etc. please make note of the dates for instructor planning purposes. Thanks!

**After the first year of sailing lessons, TPYC requires ownership of a Turnabout. If you do not own a Turnabout after the first year of sailing lessons, there is an extra \$50 boat fee for the Sailing Level 1 and Level 2 classes.** TPYC compensates the Turnabout owners for making their boats available for lessons.

Name	Age	Class	Level	Fee

<b>GRAND TOTAL</b>	<b>\$</b>
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Feedback on classes, dates, times, or any other thing that you think would improve TPYC

Make lesson checks payable to "TPYC"  
 Mail completed forms and payment to TPYC Purser, 1 Yacht Club Drive, Auburn, ME 04210  
 Questions: [lessons@taylorpondyachtclub.com](mailto:lessons@taylorpondyachtclub.com)

**EMERGENCY INFORMATION**  
**TPYC 2017 Instructional Program**

Family Name: \_\_\_\_\_

Instructional Program(s): \_\_\_\_\_

Child(ren) Name(s) and Ages: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent Names: \_\_\_\_\_

Best Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Insurance Number: \_\_\_\_\_

Are there any known allergies? \_\_\_\_\_

Are any medications being taken? \_\_\_\_\_

Should there be a limit on physical activity? \_\_\_\_\_

I, the parent of the above named child(ren), do hereby release, absolve, indemnify and hold harmless the Taylor Pond Yacht Club, the instructors and volunteers, any and all of them in case of injury to my child.

I hereby authorize the Taylor Pond Yacht Club to obtain emergency medical treatment for my child(ren) in the case of sudden illness or accident.

Parent Signature: \_\_\_\_\_

***THIS FORM MUST BE COMPLETED BEFORE  
PARTICIPATION IN THE LESSONS PROGRAM***

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