

**REGISTRATION FORM**  
**TPYC 2023 Instructional Program**

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

*If signing up for sailing lessons, please describe any sailing experience your child has had*

*All sailors must pass a swim test and must wear a life preserver when on and near the water.*

Name	Age	Class / Level	Section / Session	Fee

<b>GRAND TOTAL</b>	<b>\$</b>
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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!

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 2023 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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