

HIGH SCHOOL SAILING APPLICATION (No prior experience is necessary)

Youth Sailing Foundation, P.O. Box 612, Vero Beach, FL 32961
 Phone: 772 925-2521 www.ysfirc.org



Students to complete and sign this section (please write clearly to aid data entry accuracy)

Student's First Name: Student's Last Name:

Student's Email: Student's Cell Phone: () -

Street Address: Town:

Zip: Home Phone: () - Choose "T" Size: S M L Grad Year:

High School: Last 4 digits of student ID number:

Student Code of ethics: I will treat others as I would like to be treated. I will treat all equipment and property of the Youth Sailing Foundation with respect. I will follow the coaches' instructions willingly. I will abide at all times by the Rules and Regulation of the Youth Sailing Foundation. I understand that I may be removed from the program if I am interfering, unruly, creating a disciplinary problem or present a clear danger to others in the program, and, that in such circumstances, I may be suspended pursuant to the By Laws of the Youth Sailing Foundation of Indian River County.

Student's Signature: _____ Date: _____

Parent/Legal Guardian 1 (primary contact in case of emergency) to complete this section on behalf of student

Name of Physician: Physician's Office Tel: () -

Name of Practice: Student's Date of Birth: / /
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Current Medications: _____ Allergies to Food, insects drugs? _____

Does student have ANY physical, mental limitations or chronic ailments that might prevent him/her from fully participating in the program? No [] If yes, please describe: _____

Please provide information for **Parent/Guardian 1** (Primary contact for emergencies) AND **Parent/Guardian 2** (Secondary contact for emergencies).

Parent/Guard. (1) First Name: Parent/Guard. (1) Last Name:

Parent/Guard. (1) Email: Relationship to sailor: _____

Parent/Guard. (1) Cell Phone: () - Parent/Guard. (1) Work Phone: () -

Parent/Guard. (2) First Name: Parent/Guard. (2) Last Name:

Parent/Guard. (2) Email: Relationship to sailor: _____

Parent/Guard. (2) Cell Phone: () - Parent/Guard. (2) Work Phone: () -

Parent Code of ethics: I will not interfere with a coach's/Instructor's decision. I will ensure my child/ward is courteous to all and follows the rules and regulations of the Youth Sailing Foundation of Indian River County, Inc. I will treat everyone (coaches, other parents, instructors, members and sailors, etc) with respect. I understand my child may be removed from the program if either I or my child/ward is interfering with the coach(s) instructions or decisions, is unruly, creates a disciplinary problem or presents a clear danger to others in the program. In such circumstances, the student or parent/guardian may be suspended pursuant to the By Laws of the Youth Sailing Foundation of Indian River County.

Parent Guardian (1) Signature: _____ Date: _____