



2009 WILLIAM E. MEE YOUTH SAILING PROGRAM
 A PARTNERSHIP BETWEEN
 The Mattapoissett Community Sailing Association Inc.
 &
 The Mattapoissett Recreation Department

Student Information Name: _____ Home phone: _____

Address: _____
street apt. # town state zip

Age: _____ Date of Birth: _____ School: _____ Current Grade : _____

Previous MCSA Student? () Yes () No How did you hear about MCSA? _____

Parent/Guardian Information Name: _____ Home phone: _____

Address: _____
street apt. # town state zip

Work/cell phone: _____ Email Address: _____

Please check if you **do not** want your Child's photo included in any media coverage.

Emergency & Pick-up Contacts

1.)				
	<small>NAME</small>	<small>RELATIONSHIP</small>	<small>HOME PHONE</small>	<small>WORK/CELL PHONE</small>
2.)				
	<small>NAME</small>	<small>RELATIONSHIP</small>	<small>HOME PHONE</small>	<small>WORK/CELL PHONE</small>
3.)				
	<small>NAME</small>	<small>RELATIONSHIP</small>	<small>HOME PHONE</small>	<small>WORK/CELL PHONE</small>

HEALTH & MEDICAL INFORMATION

PLEASE ATTACH A COPY OF STUDENT'S LATEST IMMUNIZATION AND PHYSICAL EXAMINATION REPORT

Physician name: _____ Phone: _____

Medical Insurance type: _____ Policy #: _____

Medications: _____

Allergies: _____

Explain: _____

MEDICAL SERVICES CARE AND/OR TREATMENT AUTHORIZATION

As a parent or legal guardian of the minor registrant, I/we authorize the Mattapoissett Community Sailing Association, Inc. its officers, directors, agents, servants, instructors and employees to obtain medical services, care and/or treatment for _____(student's name) as shall reasonably appear required as a result of an accident and/or illness that may arise during his/her involvement and/or participation in the MCSA, William E. Mee Youth Sailing Program. Prior to obtaining or attempting to obtain each such services, and/or treatment, reasonable efforts shall be made to contact the persons listed as emergency contacts.

 Parent/Guardian Signature

 Parent/Guardian Print Name

 Date

