

# 2008 Junior Training Registration Form

## Student Information:

Student Name \_\_\_\_\_

Age (minimum 9 by 6/16/08) \_\_\_\_\_

Member Name \_\_\_\_\_

\_\_\_\_\_ MRSA \_\_\_\_\_ Grachur Club \_\_\_\_\_  
Affiliation

Street Address \_\_\_\_\_

Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email address \_\_\_\_\_

## Emergency Contact during Program Hours:

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

DayPhone \_\_\_\_\_ Cell \_\_\_\_\_

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

DayPhone \_\_\_\_\_ Cell \_\_\_\_\_

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

DayPhone \_\_\_\_\_ Cell \_\_\_\_\_

## Medical Information:

Medications: \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES: \_\_\_\_\_

Allergies: \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES: \_\_\_\_\_

## Experience:

Swimming Ability: \_\_\_\_\_

Lifesaving Training \_\_\_\_\_ YES \_\_\_\_\_ NO

Years Sailing \_\_\_\_\_

What Boats: \_\_\_\_\_

CBYRA or Other Ratings \_\_\_\_\_

**T-Shirt Size:** Youth: Med Large Adult: Small Med. Large Extra Large

## Parental Assistance:

Parental assistance is an integral requirement for the success of our Junior Training Program. We need to have three parent/supervisors each day, or approximately one day of parent attendance per student. Please indicate your first, second and third preferred date/s for supervision and assistance. We will try to accommodate your requested dates whenever possible. If you are flexible and could be available any day, indicate that you have no preference.

<b>Daily Supervision</b>	Mon 6/16	Tue 6/17	Wed 6/18	Thu 6/19	Fri 6/20	Mon 6/23	Tue 6/24	Wed 6/25	Thu 6/26	Fri 6/27	No Preference

Parental assistance is also required for boat preparation, delivery and removal prior to and at the completion of the camp. Boat preparation dates will occur on weekends and will be announced as they are scheduled. The End-of-Camp Picnic is totally supported by parents. Please indicate those activities where you can assist by circling the activity.

<b>Boat Preparation and Delivery</b>	Boat Preparation ~ 6/1	Boat Delivery 6/14 or 15	<b>Picnic</b>	Preparation 6/27	Food 6/27	Cleanup 6/27
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## Can You Provide Equipment?

Chase Boat: \_\_\_\_\_ Whaler \_\_\_\_\_ Open Runabout \_\_\_\_\_ Inflatable w/motor \_\_\_\_\_

Sailboats: \_\_\_\_\_ Laser \_\_\_\_\_ OPTI \_\_\_\_\_ 420 OTHER: \_\_\_\_\_

**Parental Consents - A Medical Waiver and a Sailing Course Release Form must be completed and signed by the parents or guardians and submitted WITH this registration form. Students may be photographed and may appear in MRSA publications and website.**

**FEES - MAKE CHECKS PAYABLE TO: MRSA.**

MAIL FORMS AND PAYMENT TO:

MRSA/Grachur Club Members      **\$260.00**  
Non-members                              **\$330.00**

MRSA Junior Training Program  
C/O Joe Tierney  
250 Holly Ridge Circle  
Arnold, MD 21012-2152