

Charlotte Harbor Community Sailing Center, Inc.  
Sailing Class Entry Form

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone #: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_  
M D Y

Age: \_\_\_\_ Male (\_\_\_\_) Female (\_\_\_\_) Date of Birth \_\_ - \_\_ - \_\_\_\_

Physical limitation: \_\_\_\_\_

Health conditions: \_\_\_\_\_

Physician: Name \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Notify if immediate attention is needed: Name \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Guardian if under 18: printed name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Number in family: \_\_\_\_ First names: \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Photo ID y (\_\_\_\_) n (\_\_\_\_)