

Charlotte Harbor Community Sailing Center, Inc.
Membership 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: _____

Heath conditions: _____

Physician: Name _____
Phone # (____) _____ - _____

Boating License: Yes (____) No (____) Type: _____ Inst. _____ Boating
Experience: years _____

CPR y (____) n (____) First Aid y (____) n (____) Swim Cert. _____

Sailing check: Class 1 ____ Class 2 ____ Class 3 ____ Class 4 ____

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 (____)

Boat name: _____ Sail # _____