

# Fairhope Junior Yacht Club

## Application for Membership

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Other# \_\_\_\_\_

Email: (Parents) \_\_\_\_\_ Sailor's \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

I am interested in the Summer Sailing Program? Yes \_\_\_ No \_\_\_

I am interested in racing? Yes \_\_\_ No \_\_\_

I am interested in year round participation in the Junior program? Yes \_\_\_ No \_\_\_

Parents Names \_\_\_\_\_

Mothers Occupation: \_\_\_\_\_ Fathers Occupation: \_\_\_\_\_

Work phone# \_\_\_\_\_ Work phone# \_\_\_\_\_

**EMERGENCY CONTACT** (other than parents)

\_\_\_\_\_ Phone #'s \_\_\_\_\_

**Doctors Name** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_ **Policy#** \_\_\_\_\_

Please list any medical consideration, needs, or concerns...allergies, etc....

### Liability release:

I understand that sailing involves risk of personal injury and or property damage. As a condition of my child's participation in the Junior Program, I hereby release any claims which I have against the Fairhope Yacht Club, its members, officers, employees, and clinic personnel from any liability for personal injury and property damage which I or my child may suffer during or arising out of participation in the program.

Date: \_\_\_\_\_

**Annual Dues: \$30 FYC Member**  
\$10 per additional Child  
**\$45 non Member**  
\$15 per additional child

\_\_\_\_\_  
(Applicants signature)

Amount enclosed: \$ \_\_\_\_\_

\_\_\_\_\_  
(Parents signature)

\_\_\_\_\_  
(Sponsor - if parent not FYC Member)

(Return completed application, with dues, by dropping off at the FYC office or mailing to:  
FYC Juniors, P. O. Box 1327, Fairhope, AL 36533)