



Joel Shannon Sailing Camp Application

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Nickname _____ Date of Birth _____ Sex (M or F) _____

Parent or Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work phone _____ Fax _____

E-Mail address _____

In case of emergency call (in order of priority):

1. Name _____ Phones _____

2. Name _____ Phones _____

3. Name _____ Phones _____

PLEASE INDICATE PREFERENCE: (one or more)

First week Second week Third week Fourth week
June 20-24 June 27-July 1 July 18-22 July 25-29

Previous sailing experience: (none required)

If you have sailed at camp previously please let us know what boat you sailed. If you have your own boat and would like to sail it at camp, you must note that here(not all boats will be acceptable).

Favorite Hobbies _____

The Joel Shannon Summer Sailing Camp

The Rudder Club of Jacksonville, Inc.

8533 Malaga Avenue

Orange Park, Florida 32073

2011 Medical and Emergency Data Form

Student's Name _____

Date of Birth _____ Sex (M or F) _____ Weight _____

Physical Handicaps (specify injured body parts, weaknesses, eyeglasses, contacts, hearing etc.)

Bones or joints _____ Muscles _____ Internal _____

Weight problem _____ Other _____

Psychological Handicaps (problem areas such as anxieties, fears, hyperactivity, etc.)

Chronic Ailments

Asthma or other chronic respiratory problems _____

Circulatory or heart problems _____ Diabetes or hypoglycemia _____

Epilepsy _____ Hemophilia or other bleeding problems _____

Other _____

Allergies

Foods _____

Other if significant _____

History/Medications

Date of last physical _____ Blood type _____ Date last tetanus shot _____

Current medications _____

Preferred personal or family physician

Name _____ Phone _____

Insurance

_____ Policy # _____

Parent(s)/Guardian(s)

1. Name _____ Relationship _____ Phones _____

2. Name _____ Relationship _____ Phones _____

Parent/Guardian Emergency Treatment Authorization

I, _____ (parent/guardian), authorize the program organizers or their employees to sanction emergency treatment if none of the above named can be contacted at the time of an emergency.

Signature _____ Date _____