

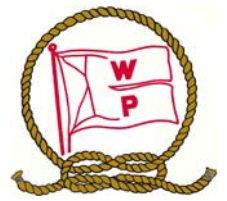


# WET PANTS SAILING ASSOCIATION

PO Box 484, Sayville, New York 11782

## Emergency Contact Information

☞(Must Accompany Sailing Class Application)☞



LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ SEX: M \_\_\_ F \_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

1. IN CASE OF EMERGENCY, NOTIFY \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

2. IF UNABLE TO CONTACT ABOVE, NOTIFY \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

3. IF UNABLE TO CONTACT ABOVE, NOTIFY \_\_\_\_\_

EMPLOYER: MOTHER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ EXT. \_\_\_\_\_

FATHER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ EXT. \_\_\_\_\_

INSTRUCTIONS IN THE EVENT THAT NONE OF THE ABOVE CAN BE CONTACTED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ALLERGIES \_\_\_\_\_

CURRENT MEDICATIONS TAKEN DAILY \_\_\_\_\_

OTHER HEALTH ALERTS \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE; \_\_\_\_\_ DATE \_\_\_\_\_