

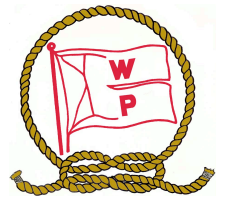


WET PANTS SAILING ASSOCIATION

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 _____

E-Mail(for updates/notifications): _____