



Henderson Harbor Water Sports Programs

Student Information Form

PO Box 405, Henderson Harbor, NY 13651

www.HHWSP.com info@HHWSP.com

Please print clearly. Keep a copy for your records.

Enrollment is on a first-come-first-serve basis. All required forms and full payment must be submitted by start of programs. Please call the executive director, Mary Hoffman at 410-353-3109 if you have any questions.

PLEASE FILL OUT BOTH PAGES OF FORM.

STUDENT NAME: _____ (_____)
Last First Nickname

Age as of July 1 _____ Birthdate _____ Grade completed in June _____

Parent/Legal Guardian Contact Information:

Primary _____ / _____
First name/ Last Name Address City/State/Zip

_____ / _____
Cell Phone Home Phone Email Address

Secondary _____ / _____
First name/ Last Name Address City/State/Zip

_____ / _____
Cell Phone Home Phone Email Address

Student Summer Address: C/O _____

_____ / _____
Street Address City/State/Zip Phone

Additional Information:

*Parent/Guardian, do you authorize anyone other than yourself to pick-up/drop-off your child to class? **Initial** _____ **Yes** _____ **No** _____ If there are specific people your child **MAY NOT** be released to, as an extra precaution, please inform HHWSP in writing.

Name of permitted person _____

Address _____

Cell phone _____ Email _____

Emergency Contact Name and Phone Number (if other than parent/guardian)

_____ / _____

Self Transportation: My child has permission to bicycle/walk to and/or from classes. They **MUST** check themselves in/out with HHWSP staff. **Initial** _____ **Yes** _____ **No** _____ **N/A** _____

Please complete both pages of this form.

Has your child been in a Sailing or Swimming Program Before? Initial ____ Yes ____ No

If yes: When _____ Where _____ Level _____

SAIL: Boat type sailed _____ Were they able to sail alone _____

Can they swim 50' without a swim aid _____

Additional information we should know: _____

PARENT/GUARDIAN SIGNATURE(S) REQUIRED

I/we have read and accept the terms and conditions set forth in the parent handbook and other required forms, and unless otherwise noted in writing, confirm all information is accurate and complete.

Primary Parent/Guardian Signature _____ Date _____

Secondary Parent/Guardian Signature _____ Date _____