

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 Ju | une |
| Parent/Legal Guardian Cont | act Information: | | |
| Primary | /_ | | |
| First name/ Last Name | Address | City | y/State/Zip |
| /_ | | / | |
| Cell Phone | Home Phone | Em | nail Address |
| Secondary | / | | |
| First name/ Last Name | Address | Cit | y/State/Zip |
| / | | / | |
| Cell Phone | Home Phone | Em | nail Address |
| Street Address | City/S | tate/Zip | Phone |
| Additional Information: *Parent/Guardian, do you auth class? InitialYes extra precaution, please inform H | No If there are spe | • | a-up/drop-off your child to hild MAY NOT be released to, as an |
| Name of permitted person | | | |
| Address | | | |
| Cell phone | Email | | |
| Emergency Contact Name and Ph | one Number (if other than | n parent/guardian) | |
| | | | |
| Self Transportation: My child has pout with HHWSP staff. Initial | | o and/or from classes | s. They MUST check themselves in/ |

Please complete both pages of this form.

| Has your child been in a S | Sailing or Swimming F | Program Before? Initial _ | YesNo | | | |
|---|-----------------------|------------------------------|-------|-------------|--|--|
| If yes: When | Where | | Level | | | |
| SAIL: Boat type sailed | | Were they able to sail alone | | | | |
| Can they swim 50' withou | t a swim aid | | | | | |
| Additional information we | should know: | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| PARENT/GUARDIAN SIG | inature(s) requif | RED | | | | |
| I/we have read and accep required forms, and unless complete. | | | | | | |
| Primary Parent/Guardian | Signature | | Date | | | |
| Secondary Parent/Guardia | an Signature | | Date | | | |
| | | | | | | |