



MATTAPOISETT COMMUNITY
SAILING ASSOCIATION

420 Race Series

P.O. Box 947
Mattapoissett, Ma. 02739
774-377-3308
mattsail.org



Mattapoissett Community Sailing Association, Inc.
A PARTNERSHIP WITH THE
Mattapoissett Yacht Club

Student Information Name: _____ Home phone: _____

Address: _____
street apt. # town state zip

Age: _____ Date of Birth: ____/____/____ Current Grade : _____ Previous MCSA Student? () Yes () No

How did you hear about MCSA? _____

Parent/Guardian Information Name: _____ Home phone: _____

Address: _____
street apt. # town state zip

Work/cell phone: _____ Email Address: _____

Please check if you **do not** want your Child's photo included in any media coverage.

Emergency & Pick-up Contacts

1.) _____
NAME RELATIONSHIP HOME PHONE WORK/CELL PHONE

2.) _____
NAME RELATIONSHIP HOME PHONE WORK/CELL PHONE

3.) _____
NAME RELATIONSHIP HOME PHONE WORK/CELL PHONE

HEALTH & MEDICAL INFORMATION

PLEASE ATTACH A COPY OF STUDENT'S LATEST IMMUNIZATION AND PHYSICAL EXAMINATION REPORT

Physician name: _____ Phone: _____

Medical Insurance type: _____ Policy #: _____

Medications: _____

Allergies: _____

Explain: _____

MEDICAL SERVICES CARE AND/OR TREATMENT AUTHORIZATION

As a parent or legal guardian of the minor registrant, I/we authorize the MCSA its officers, directors, agents, servants, instructors and employees to obtain medical services, care and/or treatment for _____ (student's name) as shall reasonably appear required as a result of an accident and/or illness that may arise during his/her involvement and/or participation in the MCSA's 420 Race Series. Prior to obtaining or attempting to obtain each such services, and/or treatment, reasonable efforts shall be made to contact the persons listed as emergency contacts.

Parent/Guardian Signature

Parent/Guardian Print Name

Date

