

Credit Card # \_\_\_\_\_

3-digit code on back of card \_\_\_\_\_\_ Signature \_\_\_\_

Youth Name	PLEASE INCLUDE: ☐ Swim Check Card ☐ Medical Form
Address	Home Phone
City	Zip Email
School	
Parent or Guardian	Work Phone
Address	Cell Phone
City	
Emergency Contact	
Address	
·	C programs and activities to its members via e-mail. If you do not wish to receive e-mail ck the box. MCSC will not share your e-mail address with any outside party.
1. MEMBERSHIP \$	140.00 (\$ 151.06 with tax) MCSC YOUTH MEMBERSHIP
	icipate in Youth classes. Youth membership is required to use boats once an Open Sailing
· · · · · · · · · · · · · · · · · · ·	are available for those who qualify. Please call for more information. Annual Youth
2. PERMISSIONS: READ AND SIGN RELEASE	
I am giving permission for my shild to nav	cticinate in the Milwaukee Community Sailing Contor. Inc.'s (heroinafter referred to as
"MCSC") sailing programs. I understand tha	at any water-related recreational activity, including sailing, can be hazardous and presents
"MCSC") sailing programs. I understand tha certain risks; these include the risk of pro	at any water-related recreational activity, including sailing, can be hazardous and presents operty damage, very serious injury and death. By signing this Release and Indemnity
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 Membership # \_\_\_\_\_\_ Receipt # \_\_\_\_\_\_ Staff Initials \_\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Expiration Date \_\_\_\_\_