

Chelsea Yacht Club

Youth Sailing Program Application for 2010

Student Name: _____ Nickname: _____

Parent's Name/s: _____

Permanent Mailing Address: _____

Home Telephone: _____ Work Phone: _____

Cell Phone: _____ E-mail _____

Alternate Contact and Phone: _____

Student Status: New student _____ Returning student _____

Date of Birth: _____ Age: _____ Grade entering in Sept:

Sessions Applying for: ___ Wk 1 (6/28-7/2) ___ Wk 2 (7/5-7/9) ___ Wk 3 (7/12-7/16)
___ Wk 4 (7/26-7/30) ___ Wk 5 (8/2-8/6) ___ Wk 6 (8/9-8/13)

Fees: Member \$175/week _____ *Non-member \$250/week _____

Non-refundable registration fee: \$25

Payment arrangements can be made in case of financial stress on a case by case basis.

Swimming Ability: Beginner _____ Intermediate _____ Advanced _____,

Sailing Ability: Never sailed __, Crewed only __, Beginner __,
Intermediate __, Advanced __

Swim Test Date:

_____ 6/19/10 10AM to 12 noon for all new students

All participants will receive a CYC Youth Sailing Program T-shirt.

_____ Child Small, _____ Child Medium, _____ Child Large

_____ Adult Small, _____ Adult Medium, _____ Adult Large, _____ Adult X-Lg

*Name of referring CYC member (if any): _____

For program use
only:

Forms rec'd

___ appl
___ waiver
___ participant
___ behavior
___ pod
___ guidelines
___ medical
___ md
___ emergency

___ M

___ NM

___ N S

___ RS

___ 1

___ 2

___ 3

___ 4

___ 5

___ 6

SZ

SA

STD

POD