

Chelsea Yacht Club

Youth Sailing Half-Day 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: _____

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

AM Session: 6 - 8 year olds 9AM - 12Noon

PM Session: 9 -12 year olds 1PM - 4PM

Fees: \$100/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 __

Please Choose a Swim Test Date:

_____ 6/xx/10 10AM to 12noon or _____ 6/xx/10 10AM to 12noon

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

For program
use only:

__appl
__waiver
__participatn
__behavior
__pod
__guidelines
__medical
__md
__emergency

__AM

__PM

__NS
__RS

SZ

SA

STD

POD

