

JYC ADULT SAILING CLINIC APPLICATION

Name: _____

Member Number: _____

Address: _____

Phone: _____ Email: _____

Member: Check enclosed (\$75) _____ or Charge my account _____

Non-Member: Check enclosed (\$105.) _____

Sponsoring Member Name and Number: _____

Signature of Sponsoring Member: _____

To make your experience as valuable as possible, please answer the following:

_____ I have no sailing experience other than as a guest on someone else's boat.

_____ I have a little basic knowledge, but would like to be able to take a boat out on my own.

_____ I have good basic knowledge, but would like to learn more to be able to race in JYC club races.

_____ I will be sailing strictly for pleasure and prefer to be on a larger boat.

_____ I want to learn how to rig as well as sail a smaller boat. I understand that this knowledge can be transferred to any size boat and is important if I want to race or own my own boat. It is valuable to all!

_____ I own a sailboat. Describe please: _____

_____ I plan to purchase a sailboat. If you have an idea what size or make, please describe.

_____ Please tell us what you hope to get out of this clinic: _____

Emergency Information

_____ Asthma or other respiratory problems

_____ Epilepsy or other seizure disorder

_____ Heart condition

_____ Other: Please describe: _____

_____ Allergies (i.e. bee sting, insect bites, etc.) Please be specific: _____

Emergency contact: _____

Relationship: _____ Phone number: _____

Primary physician and phone number: _____

Members:

Email or drop the application off in the office.

membership@jacksonyachtclub.com

Non members:

Please drop your application and check off in the office or mail to:

Jackson Yacht Club

700 Yacht Club Rd.

Ridgeland, MS 39157