

HYC SUMMER PROGRAM REGISTRATION 2010.

Sailor's Name _____

Sailor's Address _____

Parents Name _____

Home Phone _____ Cell _____

Sailing Experience (yrs, boat/fleet) _____

Sailor's Age _____ Date of Birth _____

Member HYC (YES) (NO) Membership Number _____

Mini ragnot sailing classes.

(Please check your sailor's weeks below).

Ages 5 – 7 (cost is \$375 or \$150 per week. First time mini must attend first week)

_____ June 28 – July 2 _____ July 19 – 23 _____ August 2 – 6

Pre-summer sailing classes.

(Please check your sailor's classes below).

_____ June 7th – 11th Laser racing week (same week as junior camp; space limited) * price TBA.

_____ June 14 – 18 Optimist racing week (same week as senior camp; space limited)

Summer sailing classes.

(Please check your weeks and circle your sailor's classes below).

_____ Week 1 June 21 – 25	Opti Learn to Sail/Green Fleet.	Opti Racing	Laser
_____ Week 2 June 28 – July 2	Opti Learn to Sail/Green Fleet.	Opti Racing	Laser / 420 / 29er
_____ Week 3 July 5 – 9	Opti Learn to Sail/Green Fleet.	Opti Racing	Laser / 420 / 29er
_____ Week 4 July 10 – 16	Opti Learn to Sail/Green Fleet. Texas Youth Race Week (Green Fleet, Opti Racing, Laser / 420 / 29er)		
_____ Week 5	Opti Nationals in Fishing Bay, VA (does not include coaches travel expenses)		
_____ Week 5 July 19 – 23	Opti Learn to Sail/Green Fleet.		Laser / 420 / 29er
_____ Week 6 July 26 – 30	Opti Learn to Sail/Green Fleet.	Opti Racing	Laser / 420 / 29er
_____ Week 7 August 2 – 6	Opti Learn to Sail/Green Fleet.	*Fun week class.	

*Fun week will consist of activities such as tubing, wakeboarding, windsurfing etc.

Must sign up for a two week minimum (not including TYRW or Opti Nationals)

Cost per week: Members \$150 per week, non-members \$250/week

Discount for five weeks \$125 per week (can include TYRW and Optimist Nationals) members only.

Additional coaching fees will be charged for Laser Gulf Coast and North Americans

Sailor Name _____

Medical History.

Please describe allergies and add any other medical problems _____

List any Medications _____

List any Allergies to Medications _____

Contact Information

Mother Name _____

Home _____ Work _____ Cell _____

Father Name _____

Home _____ Work _____ Cell _____

Emergency Contact

Name _____ Phone _____

Payment (must be paid by June 1):

Club Charge

Check

I request a charter Optimist for my sailor. _____

I request a charter 420 for my sailor. _____

For Office:

Date Received _____

Paid _____