

VYC  
2011 Learn-To-Sail Program  
Application Form

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ School (if applicable): \_\_\_\_\_ Grade: \_\_\_\_\_

Tell us about yourself: (sailing experience, hobbies, favorite foods, etc...)

Emergency Information:  
Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Handicaps:		If yes, please explain:
Bones & Joints	<input type="checkbox"/> N <input type="checkbox"/> Y	_____
Organs	<input type="checkbox"/> <input type="checkbox"/>	_____
Muscles	<input type="checkbox"/> <input type="checkbox"/>	_____
Medication	<input type="checkbox"/> <input type="checkbox"/>	_____
Other	<input type="checkbox"/> <input type="checkbox"/>	_____

Blood Type: \_\_\_\_\_ Tetanus Shot: \_\_\_\_\_ Date: \_\_\_\_\_

I \_\_\_\_\_ authorize the program organizers or their employees to sanction emergency treatment if none of the above named (Parent or Guardian in case of child) can be contacted at the time of emergency.

[Requirements](#). Be at least 9 years old, Be able to swim 50 yards & tread water

Is student able to swim: well  fair  poor

I \_\_\_\_\_ understand that I or my child is enrolled in the Vallejo Yacht Club Learn-To-Sail Program to learn basic or advanced sailing and that no employee nor yacht Club member shall be held responsible in the case of injury or death while I (or my child) is enrolled in the Learn-To-Sail Program.

Signature of Student (Parent or Guardian in case of child) \_\_\_\_\_ Date \_\_\_\_\_

Vallejo Yacht Club Sponsor signature (req. for VYC member & family students only) \_\_\_\_\_ Date \_\_\_\_\_

Class Applying For:	Fees:	Dates:
Beginning (Session 1) <input type="checkbox"/>	\$125 (\$100 ea. if 2 or more in same family applying)	May 14 thru June 25 (no class Memorial wknd)
Beginning (Session 2) <input type="checkbox"/>	\$125 (\$100 ea. if 2 or more in same family applying)	July 16 thru Aug 20
Intermediate (Session 1) <input type="checkbox"/>	\$100	June 4 thru June 25
Intermediate (Session 2) <input type="checkbox"/>	\$100	July 30 thru Aug 20
	<b>Additional Sessions available immediately by appointment</b>	
Basic Small Keelboat <input type="checkbox"/>	\$400 (call for Returning Student discounts)	By Arrangement – Call to schedule

Make check payable to: **Vallejo Yacht Club**

Mail to : Learn-To-Sail Program  
c/o Vallejo Yacht Club  
P. O. Box 311  
Vallejo, CA 94590

Email: **LearnToSail@vyc.org**  
Phone: **707-643-1254**