



# PORTLAND YACHT CLUB JUNIOR SAILING 2010 CONTACT FORM



## CONTACT INFORMATION

SAILOR'S NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SEX: M F

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ PRIMARY EMAIL: \_\_\_\_\_

## PARENT/GUARDIAN 1

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ PAGER: \_\_\_\_\_

EMAIL: \_\_\_\_\_ 2ND EMAIL: \_\_\_\_\_

## PARENT/GUARDIAN 2

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ PAGER: \_\_\_\_\_

EMAIL: \_\_\_\_\_ 2ND EMAIL: \_\_\_\_\_

## EXPERIENCE AND MEMBER STATUS

HAS SAILOR BEEN ENROLLED AT PJYC PREVIOUSLY? YES NO TOTAL SEASONS: \_\_\_\_\_

HAS SAILOR BEEN ENROLLED IN ANOTHER PROGRAM? YES NO TOTAL SEASONS: \_\_\_\_\_

LAST LEVEL SAILED: \_\_\_\_\_ MOST RECENT SEASON: \_\_\_\_\_

ARE YOU A PYC MEMBER? YES NO MEMBER NUMBER: \_\_\_\_\_

## PHOTOGRAPHY RELEASE

PLEASE CHECK HERE IF PJYC MAY USE PHOTOGRAPHY OF YOUR CHILD OR CHILDREN IN OUR BROCHURES, WEBSITES OR OTHER ADVERTISEMENTS. FOR QUESTIONS, PLEASE CALL KELLY FRANKLIN AT (207) 781-9820.

## REGISTRATION CHECK LIST

- |   |   |
|---|---|
| <input type="checkbox"/> CONTACT FORM COMPLETE      | <input type="checkbox"/> CODE OF CONDUCT COMPLETE |
| <input type="checkbox"/> REGISTRATION FORM COMPLETE | <input type="checkbox"/> MEDICAL FORM COMPLETE    |
| <input type="checkbox"/> DEPOSIT INCLUDE            | <input checked="" type="checkbox"/> WAIVER        |

**PLEASE MAIL ALL COMPLETED FORMS AND PAYMENT TO:  
40 OLD POWERHOUSE RD, FALMOUTH, ME 04105  
OR FAX TO: (207) 899-2864**

## PJYC REGISTRATION FORM 2010

NAME OF JUNIOR SAILOR: \_\_\_\_\_ D.O.B. \_\_\_\_\_

ALL JUNIOR SAILING CLASSES ARE MONDAY - FRIDAY. ALL FULL-DAY CLASSES ARE 9 AM - 4 PM. IN THE TABLE BELOW, PLEASE INDICATE WHICH CLASS(ES) YOU WOULD PREFER FOR YOUR JUNIOR SAILOR WITH AN "X". IF FLEXIBILITY IS AN OPTION, YOU MAY CHOOSE TO INDICATE YOUR PREFERENCE IN ORDER FROM 1ST THRU 3RD. THIS MAY IMPROVE YOUR SAILOR'S CHANCES OF ACCEPTANCE SHOULD AVAILABILITY BE LIMITED.

PLEASE CHECK HERE IF YOUR SAILOR WILL BE BRINGING HIS/HER OWN BOAT. A \$50 DISCOUNT PER BOAT

|   | SESSION ONE<br>JUNE 21 - JULY 9      | SESSION TWO<br>JULY 12 - JULY 30    | SESSION THREE<br>AUG 2 - AUG 20 |
|---|--------------------------------------|-------------------------------------|---------------------------------|
| <b>HALF-DAY PRAM AM</b><br>9 AM - 12 PM |                                      |                                     |                                 |
| <b>HALF-DAY PRAM PM</b><br>1 PM - 4 PM  |                                      |                                     |                                 |
| <b>BEGINNER OPTI</b>                    |                                      |                                     |                                 |
| <b>INTERMEDIATE OPTI</b>                |                                      |                                     |                                 |
| <b>ADVANCED OPTI</b>                    |                                      |                                     |                                 |
| <b>BASIC 420/CRUISING</b>               |                                      |                                     |                                 |
|   | <b>SESSION ONE JUNE 21 - JULY 16</b> | <b>SESSION TWO JULY 19 - AUG 13</b> |                                 |
| <b>* RWB OPTI RACE</b>                  | * N/A                                |                                     |                                 |
| <b>* 420 RACE</b>                       | * N/A                                |                                     |                                 |

\* ALL RACE TEAM MEMBERS ARE REQUIRED TO PARTICIPATE IN A MINIMUM OF TWO SESSIONS. SPECIAL ARRANGEMENTS MUST BE MADE WITH THE PROGRAM DIRECTOR AND THE JUNIOR BOARD MEMBER IN ORDER FOR A RACER TO BE ALLOWED TO PARTICIPATE IN ONLY ONE SESSION. PLEASE CONTACT KELLY FRANKLIN AT [PYCJUNIORSAILING@GMAIL.COM](mailto:PYCJUNIORSAILING@GMAIL.COM) WITH QUESTIONS ON THIS NEW POLICY.

| MEMBER            | HALF-DAY | FULL-DAY | RACE TEAM |
|-------------------|----------|----------|-----------|
| 1 SESSION         | \$385    | \$600    | * N/A     |
| 2 SESSIONS        | \$770    | \$1,085  | \$1,480   |
| 3 SESSIONS        | \$1,155  | \$1,250  | * N/A     |
| <b>NON-MEMBER</b> |          |          |           |
| 1 SESSION         | \$475    | \$740    | * N/A     |
| 2 SESSIONS        | \$950    | \$1,350  | \$1,845   |
| 3 SESSIONS        | \$1,425  | \$1,810  | * N/A     |

|                                   |             |
|-----------------------------------|-------------|
| <b>CLASS FEE:</b>                 |             |
| <b>PJYC MEMBERSHIP FEE:</b>       | <b>\$30</b> |
| <b>MINUS BYOB DISCOUNT:</b>       |             |
| <b>SUBTOTAL:</b>                  |             |
| <b>MINUS DEPOSIT \$200/CHILD:</b> |             |
| <b>BALANCE DUE JUNE 19TH:</b>     |             |

**PAYMENT:**  CHECK  CREDIT CARD

\*MEMBERSHIP, MY MEMBER # IS: \_\_\_\_\_

\* DEPOSITS MUST BE IN THE FORM OF CHECK OF CREDIT CARD. PLEASE DO NOT CHARGE YOUR DEPOSIT TO YOUR CLUB ACCOUNT.

NAME ON CARD: \_\_\_\_\_

CARD #: \_\_\_\_\_

EXP: \_\_\_\_\_ AMOUNT TO CHARGE: \_\_\_\_\_