

Austin Yacht Club
5906 Beacon Drive
Austin, Texas 78734-1428
Phone: 512-2661336
Website: austinyachtclub.net
Email: webmaster@austinyachtclub.net

Camp Session _____



2010 SUMMER SAILING CAMP REGISTRATION FORM

Camper Name (Last, First) _____

Address (Street, City, State, Zip) _____

Gender _____ Weight _____ Height _____ Birth Date _____

School District _____ Grade in Fall _____

Swimming Skill: Expert Moderate Beginner Can't Swim

Sailing Skill Racer Skilled Some experience Beginner

Lunch: Deli sandwich (Ham, Turkey, or Cheese) with chips and cookie (\$5/day) Yes No

Please specify type of sandwich for each day:

(H/T/C) Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Custodial Parent/Guardian Information: AYC Member? No Yes No. _____

Both Parents Mother Only Father Only Other: _____

Mother/Guardian Name _____ E-mail _____

Daytime Phone _____ Work Phone _____ Cell _____

Father/Guardian Name _____ E-mail _____

Daytime Phone _____ Work Phone _____ Cell _____

Emergency Contact Name (other than Parent/Guardian) _____

Daytime Phone _____ Work Phone _____ Cell _____

Camper Allergies: _____

Camper health/medical conditions the Counselors should be aware of:

