

**OLCOTT YACHT CLUB
2026 YOUTH BOATING & SAILING REGISTRATION**

STUDENT NAME: _____ DOB _____ M ___ F ___
ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____
STUDENT EMAIL: _____ **CELL#:** _____

PARENTS/GUARDIANS: _____
ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____
CONTACT #1 EMAIL: _____ **CONTACT #1 CELL:** _____
CONTACT #2 EMAIL: _____ **CONTACT #2 CELL:** _____

ALTERNATIVE EMERGENCY CONTACT:
NAME: _____ **RELATIONSHIP:** _____
PHONE (home): _____ **PHONE (cell):** _____

ARE PARENT/GUARDIAN CURRENTLY A MEMBER OF A YACHT CLUB? Y ___ N ___
 IF YES, CLUB NAME: _____ (10% DISCOUNT FOR OYC MEMBERS)

PREVIOUS YOUTH SAILING EXPERIENCE:
 # OF YEARS: _____ OPTI: _____ 420: _____ LASER: _____

OTHER BOATING EXPERIENCE: _____

PLEASE INDICATE YOU'RE SWIMMING ABILITIES:
 ___ NON ___ RECREATIONAL ___ TREAD WATER ___ COMPETITIVE

T-SHIRT SIZE (circle one): YOUTH: S M L ADULT: XS S M L XL XXL

REGISTRATION: Classes run Monday through Friday 9AM – 4PM

Session:	Dates:	Session Fee (includes tax):	Deposit Required:
_____ #1	July 6 to July 17	\$725	\$200
_____ #2	July 20 to July 31	\$725	\$200
_____ #3	August 3 to August 14	\$725	\$200
_____ Single Week (Adventure/Learn to Sail Only)	Dates: _____	\$378	\$100

****PROGRAM PREFERENCE:** ___ Adventure Sailing/Learn to Sail ___ Racing (Coach Approved)
 (Select one)

Return this Registration form along with Medical Questionnaire from the website (one each per child) and deposit by mailing to:

Olcott Yacht Club
 c/o Youth sailing
 P.O. Box 715
 Olcott, NY 14126

Make checks payable to: "Olcott Yacht Club". Make memo note: Junior Sailing
 Registration can also be done online at www.olcottyachtclub.com



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