



Chula Vista Yacht Club
Junior Sailing Program

CVYC
2006



Application

Name: _____ Age: _____
 Street: _____ Date of Birth: _____
 City: _____ State: _____ Zip: _____
 Father's/Mother's or Guardian's Name: _____
 Relationship: _____ Telephone: _____
 Emergency Phone Numbers: (1) _____ (2) _____
 Email: _____



Can you swim? Yes ___ No ___ Can you swim 100' unaided? Yes ___ No ___

Can you tread water for 5 minutes? Yes ___ No ___

Have you ever sailed before? Yes ___ No ___

Have you participated in a sailing program before? Yes ___ No ___

If Yes, which one? _____

At what level do you sail? Beginner ___ Intermediate ___ Advanced ___



Send completed forms (Application, Waiver of
Liability pgs 1 & 2, Rules & Regulations) to:

Junior Program Director
Chula Vista Yacht Club
642 Marina Parkway #82
Chula Vista, CA 91910