



For administrative use

Date: _____
Payment Amount: _____
Check # or Cash: _____
On-Line Payment: _____

HYSA
Hawaii Youth Sailing Association
Membership Form

2016 Sailing Season
(December 2015 – December 2016)

Member Information

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State/Zip: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Parent Information

Father: _____ Cell Phone: _____ E-Mail: _____

Mother: _____ Cell Phone: _____ E-Mail: _____

Additional Information

School Attending: _____ Grade: _____

US Sailing Number: _____ Member Type: _____
Youth – Adult – Family

Yacht Club: _____

Boat Owned: _____ Sail Number: _____

Check List - Submit with Application:

Dues for 2016 (\$20.00): Check # _____ or Cash: _____ or Paid On-Line: _____

Liability Waiver Form: Yes _____ Date Submitted: _____

Emergency Medical Form: Yes _____ Date Submitted: _____