



For administrative use

Date: _____

Payment Amount: _____

Check #/Cash/Online: _____

HYSA T-shirt size: _____

Liability Waiver Form

Emergency Medical Form

Concussion Awareness Form

HYSA
Hawaii Youth Sailing Association
Membership Form
2018 Sailing Season
(December 2017 – December 2018)

Member Information

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State/Zip: _____

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

Parent Information

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

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

[] I'd like to volunteer with HYSA. Area of interest: _____

Additional Information

School Attending: _____ Grade: _____

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

Yacht Club: _____

Type of Boat Owned: _____ Sail Number: _____