



**Stonington Harbor Yacht Club • NESS Alliance  
2018 Registration Form**

*If you have multiple children participating in the program, please be sure to fill out a separate form for each.*

Student First Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_

Are you a SHYC Member:  Yes Or  No

I am a guest to SHYC and I would like to receive information about membership privileges:

Yes

No thank you

Parent/Guardian First /Last Name: \_\_\_\_\_

Parent/Guardian Home Phone Number: \_\_\_\_\_

Parent/Guardian Cell Phone Number: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Local Emergency Contact Name, Address, Telephone Number: (if the information is the same as above, please leave blank) \_\_\_\_\_  
\_\_\_\_\_

Please indicate if you will allow your child to be photographed and for those photos to be uploaded to the SHYC website, photo sharing website using private access, or in a SHYC newsletter:

Yes

No thank you

My Child may be waived from the daily sign/in & sign/out protocol at SHYC:

Yes

No thank you

Child's gender:

Male

Female

**Please mail this completed form and check to:**

Attn: Aidan Fowler Youth Sailing Coordinator and Waterfront Manager:

Stonington Harbor Yacht Club

PO BOX 87

Stonington, CT • 06378



Child's height and weight: \_\_\_\_\_

Please list your child's age as of July 1st, 2018: \_\_\_\_\_

Do you have a personal boat for the requested class?

Yes

No thank you

I understand that as part of the SHYC • NESS Alliance program my child will be dropped off at the SHYC Clubhouse at:

For AM Classes 8:40 AM drop off / 12:15 PM pick up

For PM Classes 12:40 PM drop off / 4:15 PM pick up

Yes

No

Which class will you child be signing up with at NESS?

Class 1

Class Title: \_\_\_\_\_

Dates Attending: \_\_\_\_\_

AM or PM Class: \_\_\_\_\_

Class 2

Class Title: \_\_\_\_\_

Dates Attending: \_\_\_\_\_

AM or PM Class: \_\_\_\_\_

Class 3

Class Title: \_\_\_\_\_

Dates Attending: \_\_\_\_\_

AM or PM Class: \_\_\_\_\_

Class 4

Class Title: \_\_\_\_\_

Dates Attending: \_\_\_\_\_

AM or PM Class: \_\_\_\_\_

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Would you like to sign up for either of the Wednesday Night Dingy Race Clinic 3-packs?

- Clinic One: Wed 6/27, Wed 7/11, & Wed 7/18
- Clinic Two: Wed 7/25, Wed 8/11, & Wed 8/8
- No thank you

We are interested in being contacted to learn more about private instruction.

- Yes
- No thank you

Additional Comments or Questions \_\_\_\_\_  
\_\_\_\_\_

**Event: SHYC 2018 SHYC • NESS Alliance Form**

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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