



2023 Summer Sailing Program
Student Registration Forms

Household & Emergency Contact Information

Parent/Guardian 1 Name: _____ **Phone:** _____

Address: _____ **Email:** _____

City, State, Zip: _____

Parent/Guardian 2 Name: _____ **Phone:** _____

Address: _____ **Email:** _____

City, State, Zip: _____

Adult Responsible for Payment: _____ **Phone:** _____

Method of Payment: PayPal Check Cash (in person) Scholarship Request

Authorized Adults for Student Drop-off and Pick-up:

1. Name: _____ **Phone:** _____

2. Name: _____ **Phone:** _____

3. Name: _____ **Phone:** _____

Emergency Medical Contacts:

In the event of a medical emergency during the Summer Sailing Program, the following individuals should be contacted (in the order listed):

1. Name: _____ Relationship: _____ **Phone:** _____

2. Name: _____ Relationship: _____ **Phone:** _____

Student(s) Registering from this Household

List each Student from this Household in the table below. Then complete and sign the 3-page Student Information form for each individual Student. Scan and email the completed forms to pcyfsailing@gmail.com.

Student Name	Date of Birth (MM/DD/YY)	Preferred Session(s)	Sailing Level	T-Shirt Size*
1.		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Youth: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Adult: <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
2.		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Youth: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Adult: <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
3.		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Youth: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Adult: <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL

For PCYF Use Only	
Date Application Received: _____	<input type="checkbox"/> Fees paid privately <input type="checkbox"/> Enrolled through Boys & Girls Clubs of Oxnard <input type="checkbox"/> Scholarship granted (eg, PCYF, CIWSA)



PACIFIC CORINTHIAN YOUTH FOUNDATION

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Federal Tax ID#: 77-0312074

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