



SAILING TEAM

Membership Application Form

Personal Information

Name: _____ Student ID: _____

Local Address: _____

E-mail Address: _____

Date of Birth: _____ Phone Number: _____

Grade Level: _____ GPA: _____

How did you hear about the Davis Sailing Team? _____

Emergency Contact Information

Name: _____

Address: _____

Phone Number: _____ Relation: _____

Insurance provider: _____

I understand the risks associated with the sport of sailing and I hereby agree to release the Davis Sailing Team at UC Davis, its members, officers and other affiliated organizations, including their officers, members and employees, or representatives from all liability by reason of injury to myself or to my family or guests; and also any damage to my boat or belongings or to those of my family or guests while on at a Davis Sailing Team at UC Davis sponsored event.

Signature: _____

Date _____

X _____

Attached Dues

DST ICSA
Eligible: \$125 ☐

DST ICSA
Ineligible: \$35 ☐

LWSC: \$15 ☐

If paying with check please use two separate ones- one for LWSC and one for DST.