2025 Annual Membership Form

Sailors Name:	
Helm or Crew:	Female/Male/Oher
Date of Birth	
Boat to be sailed:	
Is this your boat, your Sailing Club's or are you hiring	
Is it insured for 3rd Party Cover over £3m	Yes / No
Are there any access needs or disability accommodations DYS need to be aware of?	
Home Post Code:	
Your Sailing Club:	
Email Address (Over 18s Only:[1])	
Can we contact you via the email above and below regarding Events/Training DYS are holding or invited to?	Yes / No

[1] Please do not use the email address of anyone under 18 for safeguarding reasons.

Parent/Guardian (for all sailors, even those who are 18)

Signed:	
Print Name:	
Email Address:	
Date:	

Please return to a member of the DYS Committee. Sailor and Parent/Guardian become members of DYS for the current year.