

TASS

Texas Association of Social Sailors



PERSONAL INFORMATION							
Last Name		First		M.I.	Date		
Street Address				Apartment/Unit #			
City		State		ZIP			
Phone			E-mail Address				
TASS Member Since		Date of Birth	/ /				
Skipper Position: (check below)							
Day Skipper	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have any physical limitations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Night Skipper	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Offshore Skipper	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
PRINT CLEARLY							
EMERGENCY INFORMATION							
Medications taken on a regular basis							
Emergency Contact	Name			Phone #			
Alternate Contact	Name			Phone #			
SAILING HISTORY							
<i>Please list all certifications and levels</i>							
Sailing Certification							
Sailing Courses							
DISCLAIMER AND SIGNATURE							
I certify that my answers are true and complete to the best of my knowledge.							
Signature				Date			
TASS form – Rev.3-1-2018							