

SOUTH PORT SAILING SCHOOL

2018 Adult Learn to Sail Application Form

(One to be completed for each participant)



Last name: _____ First: _____

Address: _____

Phone #: _____ Email: _____

Emergency Contact/phone: _____

Please select your preferred session:

- _____ Session 1: (Mondays and Wednesdays)
June 6, 11, 13, 18, 20, 25 & 27 evenings 6:30pm-9:30pm
- _____ Session 2: (Mondays and Wednesdays)
July 2, 4, 9, 11, 16, 18 & 23 evenings 6:30pm-9:30pm
- _____ Session 3: (One week afternoons)
July 16-20, 1:00pm-5:00pm daily
- _____ Session 4: (Mondays and Wednesdays)
July 25, 30, August 1, 6, 8, 13, 15 evenings 6:30pm-9:30pm

Does the applicant have a medical condition the instructors should be aware of?

As a student in South Port Sailing School's Adult Sailing Program, I intend to participate in any and all activities associated with the program. As such, I assume all risks and do hereby waive, release, absolve, indemnify and agree to hold harmless the South Port Sailing Club, officers, members, organizers, instructors, participants and persons transporting me to or from Adult Sailing Program activities, for any claims arising out of an injury to me.

Signature _____ Date _____

Each application must be accompanied either by:

Option 1: Payment in full: \$370	Option 2: - A non-refundable deposit of \$50 - A cheque for \$320, postdated to 14 days prior to session start.
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Refunds of the balance will only be issued if notice of cancellation is received 14 days prior to the start of class. Cancellations received on or after this date are non-refundable. A minimum of 3 sailors are required to conduct a session.

Send completed applications and cheques (payable to):

Cheques payable to: South Port Sailing School	Send to: South Port Sailing School c/o 12217 Roxbury, Tecumseh, Ont, N8N4M8
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SAILORS MUST BRING AND WEAR AN APPROVED LIFE JACKET DURING THE PROGRAM