

SOUTH PORT SAILING SCHOOL

2012

ADULT SAILING PROGRAM

APPLICATION FORM

(one to be completed for each applicant)

Name _____

Address _____ Postal Code _____

Phone _____ E-Mail _____

Emergency Contact /Phone _____

Course Date Preferred (Class sizes are limited)

- _____ 1. Learn to Sail – June 4- 25 (M&Thurs – 6:30-9:30 p.m.)
- _____ 2. Learn to Sail – June 28- July 19 (M&Thurs – 6:30-9:30 p.m.)
- _____ 3. One week Learn to Sail – July 23-27 (Daily 1-5 p.m.)
- _____ 4. Learn to Sail – July 26- August 16 – (M&Thurs – 6:30-9:30 pm.)

Applicant can swim with confidence in deep water Yes _____ No _____

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 claim arising out of an injury to me.

Signature _____ Date _____

Separate applications must be made for every place requested. Each application must be accompanied either by PAYMENT IN FULL, OR A NON-REFUNDABLE DEPOSIT AND A POSTDATED CHEQUE FOR THE BALANCE, TO BE DATED 14 DAYS PRIOR TO THE START OF CLASS.

Refunds of the balance will only be issued if notice of cancellation is received seven days prior to the start of class. Cancellations received on or after this date are non-refundable

Send completed applications and cheques (payable to) South Port Sailing c/o Lynn Baker, 240 Reedmere Road, Windsor, Ontario N8S 2L4.

APPLICANT MUST BRING AND WEAR AN APPROVED LIFEJACKET DURING THE PROGRAM

www.southportsailingclub.on.ca