



**APPLICANT MUST BRING AND WEAR AN APPROVED LIFEJACKET DURING THE PROGRAM.**

- APPROVED PROGRAM - CANADIAN YACHTING ASSOCIATION -

# SOUTH PORT SAILING SCHOOL

## 2007 KIDSAIL (non-credit)

South Port Sailing Club and the Junior Sailing Club of Windsor and Essex County are pleased to announce continuation of the Kidsail Program, for children ages 7 and 8. This course provides an introduction to sailing. The Canadian Yachting Association sanctions this program.

We again anticipate considerable interest in these courses and would advise all interested parties to submit their applications as soon as possible to reserve a spot in the program.

Separate applications must be made for every place requested. Each application must be accompanied by either payment in full, or a **non-refundable** deposit of \$25.00, **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.

Particulars regarding the courses are as follows:

<b>COURSE DATES</b>	July 23rd - 28th
<b>TIME</b>	9:00 a.m. to 12:00 p.m. - <i>mornings</i> 1:00 p.m. to 4:00 p.m. - <i>afternoons</i>
<b>INSTRUCTORS</b>	Certified by the Canadian Yachting Association Instructors in Training certified by SPSC
<b>COST</b>	\$110.00

### **SAFETY**

- REQUIREMENTS**
1. Each student must have his or her own Ministry of Transport approved lifejacket (vest type) available at all times.
  2. Each student must be able to swim 50 feet.

Kindly complete all items on the attached application form. If you require further information, please call Lynn Baker at 519-945-7834 **or** E-mail [schoolinfo@southportsailingclub.com](mailto:schoolinfo@southportsailingclub.com) **or** check our website [www.southportsailingclub.com](http://www.southportsailingclub.com).

Program Chair: Bob Fuller 519-979-7772.

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[www.southportsailingclub.com](http://www.southportsailingclub.com)



# SOUTH PORT SAILING SCHOOL

2007  
KIDSAIL

APPLICATION FORM  
(one to be completed for each applicant)

NAME \_\_\_\_\_ HT. \_\_\_\_\_ WT. \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE \_\_\_\_\_ AGE \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Health Card No. \_\_\_\_\_ Birthdate: \_\_\_\_\_

email: \_\_\_\_\_

Course Preferred: Mornings \_\_\_\_\_ Afternoons \_\_\_\_\_

Does the applicant have a medical problem the instructors should be aware of? \_\_\_\_\_

As a parent / guardian of the above-named applicant for the Kidsail Program sponsored by the South Port Sailing Club and the Junior Sailing Club of Windsor and Essex County, I hereby give approval for my child / ward to participate in any and all activities associated with the program. I assume all risks and do hereby waive, release, absolve, indemnify and agree to hold harmless the South Port Sailing Club and the Junior Sailing Club of Windsor and Essex County, officers, members, organizers, instructors, participants and persons transporting my child / ward to or from Junior Sailing Program activities, for any claim arising out of an injury to my child / ward. Sailors should conduct themselves in a responsible, respectful manner. Failure to do so may result in dismissal from the program. Due to lack of control over the weather it may be necessary to cancel classes EARLY. This shall be left to the discretion of the head instructor. Be prepared to pick up your children. There are no provisions for make up classes.

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Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Send completed application (s) and make cheque payable to:

South Port Sailing School  
240 Reedmere Road  
Windsor, Ontario N8S 2L4  
519-945-7834  
schoolinfo@southportsailingclub.com

South Port Sailing Club reserves the right to refuse this application.