

SOUTH PORT SAILING SCHOOL

2020 Adult Introduction to Sailing Application Form



Last name: _____ First: _____

Address: _____

Phone #: _____ Email: _____

Emergency Contact/phone: _____

Registration for Introduction to Sailing:

_____ **Session 1:** June 15, 17, 22, 24, 29, July 1 (July 6, 8 makeup days)

_____ **Session 2:** July 13, 15, 20, 22, 27, 29 (Aug. 3, 5 makeup days)

Program Fee: \$375

Payment option chosen:

Full payment (cash/cheque) _____ Full payment (e-transfer) _____ Deposit + Balance _____

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

_____ I am comfortable swimming in deep water while wearing a life jacket.

_____ I am aware that there is no smoking or consuming of alcohol allowed, at any time, during lessons.

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 _____