

SOUTH PORT SAILING SCHOOL

2020 KidSail Application Form



Last name: _____ First: _____ DOB: ____/dd ____/mm ____/yy

Address: _____

Parent/Guardian: _____ e-mail: _____

Phone (home): _____ (cell) _____

Other phone # _____

Other e-mail: _____

Requested Session: Morning _____ Afternoon _____

Payment option chosen:

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

Sailor can swim 50 ft with confidence in deep water with lifejacket? Yes _____ No _____

Does the applicant have a medical condition, allergy or dietary restriction instructors should be aware of?

During the course of the lessons pictures and videos may be taken of your child for promotional purposes. These may be used on social media sites as well as in flyers and brochures. Do you give your permission for South Port to use your child's image in this manner? Yes _____ No _____

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, Sailing School, 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. I will be prepared to pick up my child. I understand that there are no provisions for make-up classes.

Parent /guardian signature: _____ Date: _____