

TSS Youth Sailing, Inc. 2017 Summer Sailing Classes Registration Form

Student Name: _____

I am registering this student for this/these week/s: _____

Date of Birth: _____ *Student MUST be 7 or older by June 1, 2017.*

Home Address: (no PO Boxes, please)

Parent's Name & Telephone # _____

Parent's Name and Cell Phone # _____

Parent's E-mail _____

Alternate E-mail _____

Medical, Physical or Behavioral Considerations

Emergency Contact Name _____

Emergency contact phone _____ Alternate phone _____

Emergency contact relationship to Sailor: _____

Returning student? _____ Previous course dates: _____

Previous sailing experience? _____ None _____ Basic _____ Advanced

Swimming ability? _____ None _____ Basic _____ Advanced

(Sailing classes are not suitable for students who cannot swim or are afraid of the water.)

Information you'd like us to know: _____

Student Tshirt size: Youth small _____
Youth medium _____
Youth large _____
Adult small _____
Adult medium _____
Adult large _____
Adult XL _____

How did you hear about us? _____

I hereby acknowledge that participation in the sailing and/or racing program poses certain inherent risks which cannot be avoided and acknowledge that we are accepting those risks. In consideration of participating in the TSS Youth Sailing Inc. Program and being aware of the risk of active sports, I agree to indemnify and hold harmless TSS Youth Sailing Inc., its summer sailing program and its officers, management, directors, employees, and volunteers from any actions, expenses, or liabilities which may directly or indirectly arise from the student's participation in the sailing program, including, but not limited to, the use of watercraft, and all facilities and equipment, onshore or on the water, including, but not limited to, hoists, ramps, trailers, or other means of launching craft. I certify that, to the best of my knowledge, the student has basic swimming ability, is in good physical condition and suffers from no physical, behavioral, emotional or mental condition, which would adversely affect his/her ability to safely participate in sailing activities.

A \$15 per 1/2 hour aftercare fee will be charged after 4 p.m.

I have read the statement above and I _____ agree / _____ disagree with its contents.

Signature of parent or legal guardian of **Student**

_____ **Date** _____

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**Information/suggestions/comments:** \_\_\_\_\_