

TSS Youth Sailing, Inc. 2017 Mutineer Racing Registration Form

I am registering this sailor (Name):

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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 sailor? \_\_\_\_\_ 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: \_\_\_\_\_

**Sailor** 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 sailing program and its officers, management, directors, employees, and volunteers from any actions, expenses, or liabilities which may directly or indirectly arise from the sailor'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 sailor 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.

I have read the statement above and I \_\_\_\_\_ agree / \_\_\_\_\_ disagree with its contents.  
Signature of parent or legal guardian of **Sailor**

\_\_\_\_\_ Date \_\_\_\_\_

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