

2013 ADULT LEARN-TO-SAIL
REGISTRATION FORM

Session 1 – Saturdays (1:00-3:00pm)
June 29 & July 6, 13, 20

Session 2 – Mondays (5:30-7:30pm)
July 8, 15, 22, 29

Session 3 – Saturdays (1:00-3:00pm)
August 3, 10, 17, 24

Session 4 – Mondays (5:30-7:30pm)
August 5, 12, 19, 26

\$100 per adult (per 4 week session)

*You will need to bring a life jacket, light-soled or non-marking shoes

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Please list previous sailing experience if any:

Please list any health concerns that we should be made aware of:

How did you learn about our program?

Which class will you be attending?

Session 1 (Saturday) __ Session 2 (Monday) __ Session 3 (Saturday) __ Session 4 (Monday) __

Make checks payable to: **Sail Cape Cod, PO Box 1954, Hyannis, MA 02601*

MEDICAL/PHOTOGRAPHIC RELEASE FORM

SAILING LESSONS/EXCURSIONS

Sail Cape Cod

Complete a separate form for each participant

Participant Name _____ Date of Birth _____

Local Address: _____

Local/Cell Phone #: _____

Emergency Contact Name: _____ Phone #: _____

List any Medical Conditions staff should be aware of (e.g. food/drug/bee sting allergies, medication, etc.):

Consent, Liability Release, and Permission to Treat Form

I/We, the undersigned applicant and/or parent(s) or guardian(s) of the minor participants listed on this form, do hereby consent to my child's participation in the boating programs of **Sail Cape Cod**.

I/We, do hereby, for ourselves, our heirs, spouses, family members, personal representatives and assigns, agree to indemnify and hold harmless **Sail Cape Cod**, its officers, board members, employees, members, volunteers, and any individuals and organizations assisting or participating in its programs, against any and all suits, actions, claims, costs or demands, whether arising from sole or concurrent negligence or otherwise including those, resulting from death, personal injury, and property damage, to which **Sail Cape Cod**, its officers, board members, employees, members, volunteers, and any individuals and organizations assisting or participating in its programs may be subject by reason of the students listed on this form participating in the programs of **Sail Cape Cod** and/or their presence on board any of its boats, floats, facilities, or any other places in connection with **Sail Cape Cod**.

I/We understand that boating is a hazardous sport. I/We also understand that to minimize the hazard as much as possible the student(s), if permitted to participate in the instructional program, will be subject to the rules of **Sail Cape Cod** and the control of the instructional staff – both employees and volunteers.

I/We hereby authorize any of the members, officers, board members, employees, or volunteers of **Sail Cape Cod** to give permission to any physician, hospital, or other medical practitioner or facility for any medical, surgical, dental, or other treatment that may be necessary or desirable for the participant's well-being in the event of illness or bodily injury. If major emergency, surgical treatment is immediately required, I/we request that reasonable efforts be made to reach me for consultation, but understand that such consultation is not a prerequisite for such treatment.

PHOTOGRAPHIC RELEASE

By checking this box, I/we, the undersigned applicant and/or parent(s) or guardian(s) of the minor participant named above, hereby acknowledge that I/my child may be photographed while participating in **Sail Cape Cod** activities. I/We hereby unconditionally authorize **Sail Cape Cod** at its sole discretion to use any such photographs in fundraising, advertising, brochures, website promotion, promotional flyers and any other public relations and advertising medium.

I/We have read and do understand the terms of this agreement.

Signed: _____ Date _____
Applicant(s) and/or Parent(s) or Guardian(s) of participant

Signed: _____ Date _____
Applicant(s) and/or Parent(s) or Guardian(s) of participant