



SOUTH PORT SAILING SCHOOL

2017 Adult Sailing Program

APPLICATION FORM (one to be completed for each applicant)



Name _____

Address _____ Postal Code _____

Phone _____ Email _____

Emergency Contact /Phone _____

Please Select Your Preferred Course.....Cost \$350.00

_____ Session 1: June 7, 12, 14, 19, 21, 26, 28:.....**6:30 – 9:30 p.m.**

_____ Session 2: July 3, 5, 10, 12, 17, 19, 24:**6:30 – 9:30 p.m.**

_____ Session 3. July 17 – 21:**1 p.m. – 5 p.m. daily**

_____ Session 4: July 26, 31, August 2, 7, 9, 14, 16:**6:30 – 9:30 p.m.**

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

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 claim arising out of an injury to me.

Signature _____ Date _____

Separate applications must be made for every place requested. Each application must be accompanied either by PAYMENT IN FULL, OR A NON-REFUNDABLE DEPOSIT AND A POSTDATED CHEQUE FOR THE BALANCE, TO BE DATED 14 DAYS PRIOR TO THE START OF CLASS. Refunds of the balance will only be issued if notice of cancellation is received seven days prior to the start of class. Cancellations received on or after this date are non-refundable.

Send completed applications and cheques (payable to) South Port Sailing School
c/o Lynn Baker
240 Reedmere Road
Windsor ON N8S 2L4
519-945-7834

schoolinfo@southportsailingclub.com

www.southportsailingclub.com

APPLICANT MUST BRING AND WEAR AN APPROVED LIFE JACKET DURING THE PROGRAM