



### Sailing Course Registration Form

Course \_\_\_\_\_

Date(s) of Course \_\_\_\_\_

Fee Paid	_____
Date	_____
Prerequisites met	_____

Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone(s) \_\_\_\_\_

E-Mail \_\_\_\_\_

Course To Be Taken \_\_\_\_\_

Emergency Contact	_____	_____	_____
	Name	Phone	Relationship

I assume full responsibility for any loss or damage, excepting loss or damage covered by insurance, that may come to any person, boat, equipment, pier, float or other property used in conjunction with this course as the result of improper use, negligence, violation of the rules, and other acts of sailors, or other representatives of the school, instructional program or host location in connection herewith. I accept that the sport of sailing and the conduct of this course entail and are subject to certain inherent risks and assume all risks on land and on the water of participation in this program. I further agree to hold the school, Capitol Sailboat Club, PHLAS, instructional program or host location, American Sailing Association, and their representatives harmless for personal injuries and/or property damage.

_____	_____
Applicant	Date