

Registration Form

Student Name: _____ Course Date _____
 DoB dd/mm/yy: _____ Gender _____
 Health Card# _____
 Parent/Guardian: _____ Email _____
 Address: _____
 Please list ANY current allergies and perscribed epi-pens:

Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact	
Home _____	Work _____	Home _____	Work _____
Address _____		Address _____	
City, _____	Postal Code _____	City, _____	Postal Code _____

Extras	Yes	No	
Are you a current member of the Shelburne Harbour Yacht Club?	Yes	No	SHYC members may organize free Albacore rentals
Will the participant be accompanied with their own boat?	Yes	No	
<i>*Note: we do not provide winter storage</i>			
Would you like to be provide with a tax receipt (Child Fitness Tax Credit)?	Yes	No	
Would you/your participant be interested in volunteer opportunities?	Yes	No	
Would your family be interested in learning about Baddeck Race Week?	Yes	No	

DECLARATION OF PARTICIPATION

In consideration of acceptance of the entry or my being permitted to take part in this event, I agree to save harmless and keep indemnified the Sail Nova Scotia, the Shelburne Sailing School Association, their agents, officials and representatives from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my taking part in the event notwithstanding that the same may have been contributed by the negligence of the same bodies, or any of them, of their agents, servants, officials or representatives I further understand and agree that this is binding upon myself, my heirs, executors and assigns.

Parent/Guardian Signature _____ Date: _____

Received by: _____

Date: _____