

Shelburne Sailing School Association
2017 Adult Sailing Albacore Registration Form

Participant's Name: _____ Course Date: _____
 (Program designed for participants 18 years and over) Health Card #: _____
 Address: _____
 Phone: mobile: _____ home: _____ Email: _____
 In case of Emergency contact: _____

Shelburne Sailing Academy Adult Albacore sailing programs run in five, 4 hour sessions on Monday and Tuesdays starting 5 pm until dusk, for the span of 2 consecutive weeks. Private lessons can be accommodated upon contacting the Academy. Complete session structure and breakdown can be requested by contacting sailingacademy.shyc@gmail.com

Albacore Sessions: June 5, 6,12, 13, July 3, 4, 10, 11, July 31 & August 1, 7, 8,

Please list ANY current medical conditions or prescribed medications:

Swimming Ability: none beginner intermediate advanced
 Boating/Sailing Experience: none beginner intermediate advanced

Where did you learn about this course? _____ until _____

Course Fee: (32 Hour Course) Albacores: \$320 2 weeks cancellation notice required

Private Lesson Request Date & Time(s): _____ *Costs determined per session*

Payment (Cheques made to Shelburne Sailing School Association)

We accept cheque, cash, or e-transfer to shycbookkeeper@eastlink.ca, password: sailing. Payment processed at head office. Debit and some credit accepted at the head office.

Sailing Course Prerequisites

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 Nova Scotia Sailing Association, the Shelburne Harbour Yacht Club, 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.

Date

Participant Signature

We require a signed hard copy of this form.

Received by:

Payment Type:

Date Received: