Royal Newfoundland Yacht Club
Sailing School

Registration Form

Student Name: _____ Course Date _____

Date of Birth: _____

MCP# _____

Parent/Guardian: _____

Mailing Address: _____

_____

Phone Numbers: Home: _____ Work: _____ Cell: _____

email: _____

Please list ANY current medical conditions or prescribed medications:

Please list any swimming levels completed or swimming experience (I.e. Red Cross or Olympic Levels)

Level of Sailing Beginner ___ Intermediate ___ Advanced _____

Please list any previous sailing experience;

Parent/Guardian Signature _____ Date: _____

Payment

We accept Cheque, credit card or cash. For club members you may charge to your account. We require a credit card number on file for any non-member. If registration fees are not paid by Friday we will automaticly charge the credit card.

Card Number _____ Expiry Date _____ Card Type _____

Sailing Course Prerequisites

1. Student must have own personal flotation vest

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 Newfoundland and Labrador Sailing Association, the Royal Newfoundland Yacht Club, 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.

_____ _____

Participants Signature Guardian Signature