



SAILING LESSON REGISTRATION

| <u>Lesson Type</u> | <u>Member</u> | <u>Non-Member</u> | <u>Select Desired Session Number</u> |
|-----------------------|--------------------------------|--------------------------------|---|
| Youth Introduction I | <input type="radio"/> \$70.00 | <input type="radio"/> \$95.00 | First Choice <input type="text"/> |
| Youth Introduction II | <input type="radio"/> \$70.00 | <input type="radio"/> \$95.00 | Second Choice <input type="text"/> |
| Intermediate Youth | <input type="radio"/> \$125.00 | <input type="radio"/> \$150.00 | How did you learn of the SBCSA? <input type="text"/> |
| Advanced Youth | <input type="radio"/> \$125.00 | <input type="radio"/> \$150.00 | |
| Adult Introduction | <input type="radio"/> \$170.00 | <input type="radio"/> \$220.00 | |

Check if eligible for \$10 Early Registration Discount by registering on or before May 1 (see web page for details).

Student Information (Please type or print clearly)

Name _____ Date of Birth _____
 Address _____ Primary Phone _____
 City _____ State _____ Zip Code _____ Alternate Phone _____
 Email _____
 Comments _____

Students under the age of 18, please complete this section (required)

Emergency Contacts

Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____

Persons authorized to pick up student

Name _____ Relationship _____
 Name _____ Relationship _____

Student Requirements By checking the items below, the student or parent /guardian agrees that the student meets these minimum requirements.

- Must be a minimum of 8 years old Must be able to swim 75 yards without a life jacket Must be physically able to right a capsized boat.

Health Known health issues we should know about: _____
 Prescription medications we should know about: _____

Assumption of Risk for Personal Loss and Injury and Release of Liability

I fully understand that participation in the Saginaw Bay Community Sailing Association may involve risk of personal loss and/or injury and hereby agree to assume full responsibility for loss and/or injury which may result from participation in the sailing program and associated activities. I agree to hold the SBCSA and its officers, volunteers, and employees free from liability for said injury and/or loss.

Photo Release I give permission for the SBCSA to use photographs or videos that may include the student in the SBCSA's electronic and print media for promotional purposes. Check here if you do not consent to the photo release.

Signed _____ **Date** _____
 Student or Parent/Guardian if student is under the age of 18

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| Lesson Fee: |
| Early Registration Discount (if applicable): |
| Contribution (optional): |
| Total Due: |

Please consider a contribution to the SBCSA to help cover our operating expenses.

Please mail the completed application and your check payable to "SBCSA" to: SBCSA, P.O. Box 2122, Bay City, MI 48707.