

HUBBARDS YACHT CLUB - LEARN TO SAIL 2009

Circle requested Sessions:

- 1 July 6-10
- 2 July 13-17
- 3 July 20-24
- 4 July 27-31
- 5 Aug 3-7
- 6 Aug 10-14
- 7 Aug 17-21
- 8 Aug 24-28

Circle requested Program:

Basic Sailing

Opti

Wet Feet (Opti Race)

White I II III

Bronze IV V

Silver VI

Learn to Race

Registration Form

Sailor's Name _____

Age _____ Date of Birth _____

Swimming Level Achieved _____

Previous Sail Level Achieved _____

Yacht Club _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Mailing Address _____

Phone Number Home _____

Work _____

Cell _____

E-mail Address _____

Weekly cost: Silver VI & Learn to Race \$150

All other Programs \$135

\$15 weekly discount applies if you have your own boat!

Payments: To accompany pre-registration forms or to be paid on Monday mornings between 8:00 – 10:00 AM on the week of the registered program.

How to Register: Complete this provisional form and mail to the following address with payment. We will contact you upon receipt.

Hubbards Yacht Club P.O. Box 187, Hubbards, Nova Scotia B0J 1T0

Questions? Contact Angela at sailing@hubbardsyachtclub.com or 902-225-8295

RELEASE & WAIVER

1. I am aware that there is some risk involved and accept full responsibility should injuries or accidents occur.
2. Hubbards Yacht Club, its members, and instructors will not accept responsibility or will be held responsible for personal injuries to students.
3. I will be responsible for damages to or loss of equipment caused by carelessness or neglect on the part of the above-names student, which, in the opinion of the club, is unreasonable.
4. I will ensure that the students will be supplied with rubber-soled footwear and M.O.T. approved life jacket or P.F.D., which he/she will wear as instructed.

* The instructors and staff at Hubbards Yacht Club are not responsible for the students if they are not on HYC property.

I allow _____ to leave HYC property unsupervised during the lunch hour.

I do not allow _____ to leave the property unsupervised unless otherwise notified for special circumstances, with a note to the instructors.

Signed _____ (Parent or Guardian) Date _____

Telephone (H) _____ (W) _____

Medical Information

Student's MSI Number _____

Family Physician _____

Phone Number _____

Medical Conditions _____