



# ADULT SAILING STUDENT REGISTRATION

Date \_\_\_\_\_

**Applicant (applicant to complete):**

Name \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Phone \_\_\_\_\_ (R) \_\_\_\_\_ (B)

Emergency contact \_\_\_\_\_  
Name Phone Relation

**Course Schedule: 3 days agreeable to student and instructor:**

Your previous sailing experience \_\_\_\_\_

What personal goals do you hope to achieve by taking this course? \_\_\_\_\_

**I assume full responsibility for any loss or damage, excepting loss or damage covered by insurance, that may come to any person, sailboard, equipment, pier, float, or other property used in conjunction with this course as the result of improper use, negligence, violation of the rules, and other acts of sailors, or other representatives of the school, instructional program or host location in connection herewith. I further agree to hold the school, instructional program or host location, US SAILING, and their representatives harmless for injuries to properties.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Instructor Record (instructor to complete):**

Deposit received \_\_\_\_\_ Book to Student \_\_\_\_\_ Balance received \_\_\_\_\_

**COURSE COMPLETED:** \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_