

Wickford Sailing Assoc. – Junior Program REGISTRATION FORM - 2017

Mon. June 26 – Fri. Aug. 18 NOTE: NO CLASSES on Tuesday JULY 4th (6/15/17 update)

Complete before submitting: this Registration Form Waiver Payment

Student's Name _____ Age _____ Date of Birth _____

Parent's Name _____ Telephone(s) _____

Address _____ Cell phone(s) _____

Tee Shirt Size: Youth M L XL or Adult S M L XL Work phone(s) _____

Email(s) Family & Sailor (if applicable) _____

Emergency Contact(s) _____ Relationship _____ Tel(s) _____

Prior Instruction? If so, Level Achieved _____ Location _____

CLASS FEES (see Fees page for more information)

Payment Method: Check (include with form) Bank payments (no charge) or Paypal (3% charge)

Early Discount (prior to May 1) **-\$5** 1 or 2 weeks or **-\$10** 8 weeks Flexible scheduling? Yes No

PAYMENT / DEPOSIT Checks Payable to Wickford Sailing Association

MAIL TO: Wickford Sailing Association, c/o Kathy Brown, 160 Prospect Ave., North Kingstown, RI 02852

BEGINNERS \$320 per Week or Session (see Dates & Fees pages for more information)

1 Week session: Full Days, Mon through Fri: Week #5-July 24-28 JUST ADDED Week #6 – July 31-Aug 4

2 Week sessions: Full Days, Mon, Wed. and Friday:

Session 2: July 10-21 Session 3: July 24-Aug 4 (almost full) Session 4: August 7-18

NOTE: Intermediates & Intro to 420 can be less than 8 weeks. See Fees for late fee and cancellation policy.

Intermediates \$700 (8 weeks) **OPTIONAL FRIDAY:**

INTRO to 420s \$700 (8 weeks) \$200 (8 weeks)

RACERS* Optis New or Optis Returning \$750

*START 6/22 420 New or 420 Returning \$875

*(8 weeks) Laser (provide own boat) \$700

*Racers, use other side to briefly list Crew or Skipper Preference, type of boat, fleet, race venue experience to assist with placement.

AUTHORIZATION FOR MEDICAL TREATMENT

I/we hereby authorize any emergency medical treatment which may be required in my/our absence to protect the life and health of the above-named student. Note any special medical, allergy problems, or any learning situations below.

Health Insurance Carrier _____ Mem# _____

MEDICAL / LEARNING NOTES _____

PHOTOGRAPHIC RELEASE

I hereby grant permission to Wickford Sailing Association, hereinafter "WSA", and the assigned Photographer, the irrevocable right and unrestricted permission with respect to photographic images taken or that may take of me (my child) at the WSA, on boats or docks or on land, or in which I (my child) may be included with others, to use and/or publish individually or in conjunction with any printed matter, in any and all media now or hereafter known, and for any legal purpose whatsoever, including, but not limited to print media and distribution over the internet for illustration, promotion, art, exhibition, publication, advertising and trade. I warrant I have the right to authorize these uses and hereby agree to hold WSA and the Photographer harmless of any and all liability in perpetuity.

Signature (parent/guardian if under age 18) _____ Date _____

Any questions? e-mail: WSA.Classes@gmail.com or call 401-294-2525

<p>CLASS Fee: _____</p> <p>Early (-\$5 / -\$10)?: _____ (by May 1)</p> <p>US Sailing?*: _____ (see Fees)</p> <p>Paypal : _____ (+ 3%)</p> <p>www.tinyurl.com/paypal-wsa</p> <p>TOTAL DUE: _____</p>
