

Wickford Sailing Assoc. – Junior Program REGISTRATION FORM - 2018

Mon. June 25 – Fri. Aug. 17 NOTE: NO CLASSES on Wednesday JULY 4th

Complete before submitting: this Registration Form Waiver Document 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 Schedule, Date & Fees pages for Class Descriptions and more information)

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

Early Discount (prior to May 1) **-\$5** 1-4 week sessions or **-\$10** > 4 weeks Parent Volunteer? Yes No

PAYMENT / DEPOSIT Checks Payable to Wickford Sailing Assoc.

Pay in Full if registering for Beginner session, else 1/2 of Class Fee is required with registration.

Any Balance is due by Orientation (June 14, or June 21 for Racers). See Fees for late fee and cancellation policy.

BEGINNERS \$325 per 2 week Session or 1 Full Week

1 Week session: Full Days, Monday through Friday. Week #3-Jul 9-13 Wk #5-Jul 23-27 Wk #7-Aug 6-10

2 Week sessions: Full Days, Monday, Wed. and Friday Flexible Scheduling? Yes No

Session 1: June 25-July 6 Session 2: July 9-20 Session 3: July 23-Aug 3 Session 4: August 6-17

INTERMEDIATES* \$710 OPTIONAL FRIDAYS: \$200 (8 weeks) for Intern., Intro 420s & Opti Racers

INTRO to 420s* \$710

RACERS* Optis New or Optis Returning \$750

*(8 weeks) 420 New or 420 Returning \$875

Laser (provide own boat) \$710

*For 8 week classes, if you can not attend all 8 weeks, please let us know what weeks you can do: _____.

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 _____

MAIL TO: Wickford Sailing Association, c/o Kathy Brown, 160 Prospect Ave., North Kingstown, RI 02852
Any questions? e-mail: WSA.Classes@gmail.com or call 401-294-2525

CLASS Fee(s): _____
Early by May 1?: _____ (-\$5 or -\$10)
Paypal: _____ (+ 3%)
US Sailing?*: _____ (see Fees)
TOTAL DUE: _____
DEPOSIT: _____ (see above)
Balance: _____ (by Orientation)