



Box 352 165 Pleasant St Wickford RI 02852

wickford.sailing@gmail.com

www.wickfordsailing.org

Wickford Sailing Assoc. – 2019 Junior Program REGISTRATION FORM

Mon. June 24 – Fri. Aug. 16 NOTE: NO CLASS Thurs. JULY 4

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) _____

How did you hear of WSA? _____ OK to share info w/Class? [] Yes

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

Prior Instruction? If so, Level Achieved _____ Location _____

CLASS FEES (see wickfordsailing.org for Schedule, Date & Fees pages, Class Descriptions and more info.)

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

May 1 Early Discount: -\$5 [] 1-5 weeks or -\$10 [] > 5 weeks. Flexible Scheduling? [] 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 policies.

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

1 Week sessions: Full Days, Monday - Friday [] Week #3-Jul 8-12 [] Wk #4-Jul 15-19 [] Wk #6-Jul 29-Aug 2

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

Session 1: [] June 24-July 5 Session 4: [] July 15-26 Session 7: [] Aug 5-16

INTERMEDIATES* [] \$710 [] INTRO to 420s*: \$710

Parent Volunteer? [] Yes [] No

Optional FRIDAY* [] \$200 for Interm., Intro 420s & Opti Racers

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: _____.

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

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, "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, 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) _____ 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 Wickford.Sailing@gmail.com