

Wickford Sailing Association

Junior Program Registration Form

Summer 2021 Program Dates: June 28-August 20



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|--------------------------|-----------------|--|
| Sailor Name: | | Age: D O B ____/____/____ |
| Parent/Guardian: | | Phone: |
| Email: | | |
| Address: | | |
| Emergency Contact: | Relationship: | Phone: |
| Prior Instruction Notes: | Level Achieved: | T Shirt Size: Youth: _ M _ L _ x L Adult: _ S _ M _ L _ x L |
| Specific Learning Notes: | | |

Program Selection

Please mark your selection(s) below.

All class descriptions & additional information can be found at wickfordsailing.org

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|--|---|---|--|
| Beginner - \$450.00 M-F 9a-4p _ W e e k s 1-2: 6/28 - 7/9 _ W e e k s 3-4: 7/12 - 7/23 _ W e e k s 5-6: 7/26 - 8/6 | Beginner Plus - \$450.00 M-F 9a-4p _ W e e k s 7-8: 8/9 - 8/20 | Intermediates - \$550.00 M/W/F 9a-4p _ W e e k s 1-4: 6/28 - 7/23 _ W e e k s 5-8: 7/26 - 8/20 | Adventure - \$200.00 Tu/Th 9a-4p _ W e e k s 1-2: 6/28 - 7/9 W e e k s 3-4: 7/12 - 7/23 W e e k s 5 - 6: 7/26 - 8/6 W e e k s 7 - 8: 8/9 - 8/20 |
| Opti Green Fleet - \$725.00 Tu/Th 9a-4p _ W e e k s 1-8: 6/28 - 8/20 | Opti Race - \$950.00 Tu/Th/F 9a-4p _ W e e k s 1-8: 6/28 - 8/20 | 420 Race - \$950.00 M/W/F 9a-4p _ W e e k s 1-8: 6/28 - 8/20 | Minnows - \$160.00 M-F 9a-12p _ W e e k 0: 6/21 - 6/25 _ W e e k 9: 8/23 - 8/27 |

Tuition Information

All checks payable to Wickford Sailing Association.

- 1 & 2 Week sessions: Full balance due at time of registration for 1 & 2 week sessions.
- 4 & 8 Week Sessions: 50% due at registration. Remaining balance due by program orientation day.
- All tuition details including cancellation and refund policies can be found at www.wickfordsailing.org

Indicate Payment Method

- Check (w/form)
 Bank Payment
 PayPal (3% Charge)
tinyurl.com/paypal-wsa

| | |
|-------------------|--|
| Class Tuition | |
| PayPal (+ 3%) | |
| Total Deposit Due | |
| Balance Remaining | |
| | |
| | |

Health Ins. Carrier _____

Member Number: _____

Release for Medical Treatment: //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.

Parent/Guardian Signature _____

Date _____

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.

Parent/Guardian Signature _____

Date _____

MAIL TO: WSA, PO Box 352, Wickford, RI 02852 Or EMAIL TO: wsa.classes@gmail.com CALL for Info (401) 267-8855