



For office Only

Received: _____

**Adult Sailing Lessons
Application Form**

Name: _____

Address: _____ Postal Code: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Cottage phone: _____

Previous sailing experience? Yes or No

Please explain.

Competent Swimmer? Yes or No

Health Card Number: _____

Do you have any health conditions or medical concerns that would pertain to sailing?

Please enclose a cheque (made out to South Muskoka Sailing Club) for \$150 with the completed form and signed waiver and return it to:

**South Muskoka Sailing School
c/o Heather Spurling
38 Spruce Lane
Bracebridge, ON
P1L 1M3**



SOUTH MUSKOKA SAILING CLUB 2007 SAILING SCHOOL/RACING PROGRAM WAIVER

I, we, the parent(s) or guardian(s) request that the above applicant(s) be enrolled in sailing lessons or other forms of water activities to be conducted at the South Muskoka Sailing School, hereinafter referred to as the "School" and in consideration of the School's acceptance of my/our request as above noted, I/we hereby agree to waive any damages or claim whatsoever that I/we may have against the School, its members, agents, directors, or servants, as a consequence of any injury to, or death of, the above named applicant, howsoever caused, while participating in any form of the above named activities sponsored by the School. I/we certify that the above applicant(s) will be at least eight (8) years of age on or before December 31, 2007.

To the best of my/our knowledge, the applicant(s) is in good health and has not been exposed to any infectious disease in the past month. In case of medical or surgical emergency, and if I/we are not immediately available for consultation, I/we hereby give permission to the physician selected by the School or its appointed representative to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for the applicant named above.

RESPONSIBILITY FOR LOSS OR DAMAGE TO SCHOOL PROPERTY

I/we, the parent(s) or guardian(s), accept responsibility for loss or damage to School boats and equipment caused by the above named applicant(s) and agree to reimburse the School for all reasonable costs of such loss or damage forthwith upon presentation of a damage report signed by the Head Instructor and School Director.

**THIS IS TO CERTIFY THAT I/WE HAVE READ AND DO ACCEPT THE
CONDITIONS, FEES AND RULES AS LAID DOWN ABOVE AND ATTACHED.**

NAME: (Please Print) _____

SIGNATURE: _____

DATED AT _____ THIS _____ DAY OF
_____ 2007