



Sarnia Yacht Club
SAILING SCHOOL – 2022
Adult/Family Lessons



General Info	<ul style="list-style-type: none"> • Registration must include payment. • Equipment required: Transport Canada approved lifejacket with attached whistle, close toed shoes. We also suggest a change of clothes as you may get wet. • Complete one form for each Adult registering, see over for children registering in the Family Program
Adult Information	Name: _____ In Case of Emergency Contact: _____ Address: _____ City: _____ Prov: _____ PC: _____ E-mail: _____ Phone (H): _____ Phone (W): _____ Cell (C): _____ Do you have any health concerns: yes <input type="checkbox"/> no. <input type="checkbox"/> If yes, please give details below _____ Are you taking any medication? <i>(please specify):</i> _____ Please note: The health information is important in case of an emergency.
Course Information: Lynz Jackson (Sail Training Register) (519) 384-2665 email: sycsst@hotmail.com	
Adult and Family Program	<p>Dinghy Sailing Tuesday & Thursday Evenings 6:00 PM to 9:00 PM (4 weeks – 8 lessons)</p> <p><input type="checkbox"/> July Session – July 4TH - July 29th Members - \$420 Non-Members \$460</p> <p><input type="checkbox"/> August Session – Aug 2nd - August 26th Members - \$420 Non-Members \$460</p> <p>Keel Boat Sailing Tuesday & Thursday Evenings 6:00 PM to 9:00 PM (4 weeks – 8 lessons)</p> <p><input type="checkbox"/> July Session – July 4TH - July 29th Members - \$440 Non-Members \$480</p> <p><input type="checkbox"/> August Session – Aug 2nd - August 26^h Members - \$440 Non-Members \$480</p> <p style="text-align: center;">Includes classroom and on the water instruction. COUPLES PRICING, 50% OFF SECOND SAILOR</p>
Authorization	<p><i>I, _____ understand That the Sarnia Yacht Club, its executives, membership, employees, agents, and Instructional staff assume no responsibility in the event of any accident or injury to myself named above, or to property of mine while participating in the Sarnia Yacht Club Adult Sailing Program. I, for the purpose of procuring the Sarnia Yacht Club to consider my participation in the Program, hereby covenant and agree to indemnify and save harmless the Sarnia Yacht Club, its executives, agents, claims, demands, and expenses whatsoever which the Sarnia Yacht Club may incur, sustain, or be under by reason of accident or injury to myself and the property aforesaid.</i></p> <p><i>I will furnish my own Transport Canada or Canadian Coast Guard approved Flotation device with attached whistle.</i></p> <p>Date: M _____ D ___ Y _____</p> <p>Name: _____ <i>(Please print)</i></p> <p>Signature: _____</p>



**Sarnia Yacht Club
SAILING SCHOOL – 2022
Adult/Family Lessons**



General Info	<ul style="list-style-type: none"> Children/Youth must be minimal 10 years of age at start of program session Equipment required: Transport Canada approved lifejacket with attached whistle, close toed shoes. We also suggest a change of clothes as you may get wet. <p>Children/Youth to sail with parent(s)/guardian(s) <u>only</u>. Maximum three family members per boat.</p>								
Child/Youth Information	Name of Student: _____ Date of Birth: (MM/DD/YYYY) _____ Swimming ability (what level has your child received?): _____ Does your child have any health, learning, or behavioral concerns: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details : _____ Is your child taking any medication? (<i>please specify</i>) : _____ Does your child have any allergies?: _____								
Authorization	<p><i>I/We _____ being the parents/guardians of _____ understand that the Sarnia Yacht Club, its executives, membership, employees, agents, and Instructional staff assume no responsibility in the event of any accident or injury to my/our child named above, or to property of my/our child's or mine/ours while participating in the Sarnia Yacht Club Junior Sailing Program.</i></p> <p><i>In consideration of the Sarnia Yacht Club considering permitting my/our child to take place In this program, I/we and each of us, for the purpose of procuring the Sarnia Yacht Club to consider my/our child's participation in the Program, hereby covenant and agree to indemnify and save harmless the Sarnia Yacht Club, its executives, agents, claims, demands, and expenses whatsoever which the Sarnia Yacht Club may incur, sustain, or be under by reason of accident or injury to my/our child and the property aforesaid.</i></p> <p><i>My/our child will furnish his/her own Transport Canada or Canadian Coast Guard approved flotation device with attached whistle.</i></p> <p><i>Date: M _____ D _____ Y _____</i></p> <p><i>Name of parent or Guardian: _____</i> <i>(Please print)</i></p> <p><i>Signature of Parent or Guardian: _____</i></p>								
Payment Information	<p>E-Transfer to syc@sarniayachtclub.ca is the preferred non-contact payment method. If paying by credit card please contact the SYC Office with your CCV number to complete your transaction.</p> <p>Total Payable: _____ (Canadian Funds) Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Visa/MC <input type="checkbox"/> E-Transfer <input type="checkbox"/></p> <p>Credit Card # _____ Expiry Date _____</p> <p>Name on CC (print) _____ Signature _____</p> <p>Mail completed application forms with payment information to the address detailed below. Postdated cheques will not be accepted. Program spot not guaranteed until payment processed by SYC office.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Date Rec'd:</td> <td style="width:33%;">Amount Rec'd:</td> <td style="width:33%;">Date Processed</td> <td style="width:33%;">Processed by:</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Sarnia Yacht Club Sail Training Registration 1220 Fort St, Pt. Edward, ON N7V 1M2 Phone: 519-332-6779 Fax: 519-332-0674</p> <p align="right">Website: Sarnia Yacht Club</p>	Date Rec'd:	Amount Rec'd:	Date Processed	Processed by:				
Date Rec'd:	Amount Rec'd:	Date Processed	Processed by:						

All applicants will receive confirmation of receipt and program selection availability