

Adult Registration Form

Student Name _____

Address _____

City _____ Postal Code _____

Home Phone _____ Work Phone _____

e-mail _____

Course Selection

Sailing - evenings - Tue Thr

or

Ask about day time sailing.

Waiver

I * _____ do hereby release and agree to indemnify Quinte Sailability its instructors, volunteers, and staff from all claims for loss, injury or damage to persons and property while participating in or travelling to and from course activities, which I or any person claiming through me or on my behalf, may at any time have arising out of or connected with the operation of this activity.

* Parent/Guardian for students 18 and under.

Student signature _____

Parent/Guardian signature: _____

Make Cheque payable to Quinte SailAbility

Junior Registration Form

(18 years of age or under)

Student Name _____

Address _____

City _____ Postal Code _____

Home Phone _____ Parents Work Phone _____

Date of Birth _____

Ontario Health Card Number _____

Family Physician _____

Phone _____

E-mail _____

Parent/Guardian:

See waiver to the left.

Course Selection

White Sail Program, afternoons

Course A. Mon, Wed

Course B. Tue & Thu

Recreation Sailing, mornings

Mon Wed Fri

Evening Sailing

Tue Thr

Mail to:

Quinte SailAbility

591 Goodfellow Road

Codrington, Ontario K0K 1R0