

**Please print clearly and fill out all the fields before emailing, mailing or dropping off the form. Registration is considered complete when payment is received and waiver are complete.**

Name \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Parent/Guardian (if applicant is under 16 years old) \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Provincial Medical Number \_\_\_\_\_  
 Medical Info (allergies, etc.) \_\_\_\_\_

**\*\* Early Bird rates are in effect until June 25 2010. Please clearly indicate the level and dates you would like to take ... example Level: White Sail I Fee: \$340**

Course name _____	Dates _____	Fee _____
Course name _____	Dates _____	Fee _____
Course name _____	Dates _____	Fee _____
Course name _____	Dates _____	Fee _____
		Sub Total: _____
		GST / HST: _____
		Total: _____

Participant Initial

**Release and Indemnity** In consideration Kits Sailing School and Kitsilano Yacht Club in my participation in its sailing events, including sail-training, sail racing, boating and related activities, I hereby agree on behalf of myself to absolutely release and forever discharge and save harmless and indemnify the Kitsilano Yacht Club, its officers, directors, agents, members, volunteers and employees from and against all claims, actions, demands, costs and expenses of any kind in respect to any death, personal injury, damage or loss of property in any way arising out of connection with my participation in any of the said sailing training programs and related activities however caused, including without limitation to the negligence of the Club or their officers, directors, members, guests, volunteers, agents or employees. I also acknowledge that there are inherent risks to sailing on and off the water: these include but are not limited to: exhaustion, hypothermia, personal injury, drowning, scrapes and abrasions. I further warrant and agree that I have read the rules, regulations, instructions or policies issued by or on behalf of the Releasee in relation to the said sail training and related activities and that I shall be bound by them.

I also agree to release my photo for promotional material either in printed form or electronic media.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian's Signature (if under 16 years old): \_\_\_\_\_  
 Witness: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date received: _____	Payment total: _____	Staff Initial: _____
<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash	<input type="checkbox"/> Funds deposited in Safe