

STURGEON LAKE SAILING CLUB

Application for Junior Club Instruction – 2014

Please enter all necessary information and send the forms (including the attached information form and waiver) and cheque to:

Leslie Thomas
 SLSC Registration
 39 South Kingslea Drive
 Toronto, Ont. M8Y 2A5

Phone: 416-234-5506 (until June 30)
 705-887-2821 (from July 1)

Spaces are limited; therefore, you **must pre-register** to guarantee placement for your child in the program. By providing us with your email address, you agree to receive information electronically.

Parent/Family Name: _____ Child Care Receipt? _____
 Home Address: _____ City: _____ YES:____NO:____
 Postal Code: _____ Telephone # () _____
 E-mail Address: _____
 Cottage Address: _____
 Postal Code: _____ Telephone # () _____

- 1) Please indicate the level for which the sailor(s) are registering (i.e CANSail 1, 2, 3, 4, 5, or 6) and which weeks the sailor(s) will be attending.
- 2) Indicate with a “✓” the weeks each CanSail 2 or higher level sailor will participate in the afternoon race program (“PM-RP”)

Sailor's Name	Level	June 30*	Jul 7	Jul 14*	Jul 21*	July 28*	Aug 5*	Aug 11*	Aug 18	Total	
										#wks	Fees
1.											\$
	PM-RP?										
2.											\$
	PM-RP?										
3.											\$
	PM-RP?										
4.											\$
	PM-RP?										

Instruction Fees:

- \$195/week (\$160 four day week of Aug 5) + one-time CANSail fee of \$15
- \$300 for six weeks of Afternoon Race Program (2 days per week) OR,
- \$60 per week, if weekly, subject to a two week (\$120) minimum

One-time CANSail Fee	\$15.00 / sailor		
	=		
Total	\$		

Please make all cheques payable to: **Sturgeon Lake Sailing Club**

Please note that there are no refunds for time registered and paid for, but not attended.

Information about the Junior Sailors

1. Any child who will turn 8 by December 31, 2013 is eligible for the regular program. There will be **no exceptions** to this.

	First Sailor	Second Sailor	Third Sailor
Name			
Date of Birth			
Highest CANSail Level Attained			
CANSail Level Registering For			
Swimming Level			
Health Card Number			
Emergency Contact Name			
- Phone Number			
- Relationship			
2 nd Contact Name			
- Phone Number			
- Relationship			
Relevant Medical History			

Insurance Waiver

I hereby release and save harmless, the Sturgeon Lake Sailing Club and its members from any claim in respect of any incident, accidental or otherwise, to the above participant(s) in the Junior Sailing Program. I acknowledge having read, understood and agree to indemnify the Club in respect of any claim with this waiver release.

In case of emergency

I understand that the Head Instructor (or designate) in an emergency will act as my agent to engage medical attention and /or hospitalization if it is deemed necessary.

Date: _____ Signature: _____
Parent or Guardian

I agree that core contact information will be shared with Ontario Sailing and the Sail Canada and Governments that request statistical information for funding purposes. Our club, Ontario Sailing nor Sail Canada will not sell, lease, rent or use contact information for any commercial purposes, other than Ontario Sailing may send (on behalf of a potential sponsor) one piece of promotional information, and SLSC will correspond with me in connection with its activities and operations.