

**REGISTRATION FORM for ADULT SAILING LESSONS
PALM BEACH SAILING CLUB**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL _____

PREFERRED CONTACT PHONE _____

Additional Registration Forms are required for all participants

ADULT GROUP COURSE (Crew or Skipper)	Individual	\$ 175
Book, <i>Start Sailing Right</i>		\$ 20

COURSE SESSION REQUESTED: _____
(subject to available openings)

PRIVATE ADULT LESSONS:	Individual	\$ 175
	Two people	\$ 275
	Three people	\$ 350
	Four people	\$ 400

CONSULTED SCHEDULING: _____

TOTAL DUE _____

Release Form for Sailing Lessons at Palm Beach Sailing Club

In consideration of the Palm Beach Sailing Club, a not-for-profit Florida corporation, providing sailing instructions to me, I hereby release, acquit, and discharge the Palm Beach Sailing Club, its successors, and assigns, its employees, agents, members, volunteers, officers, and directors from all claims, demands, actions, causes of action, damages, injuries and cost of any nature or kind whether property, personal injury or bodily injury or any other type of injury or damage that arise from my participation in the sailing program as well as the use of the facilities of the Club and its equipment.

I understand the risks inherent in the sport of sailing and in water sports in general. I also understand that I will be required to have basic swimming skills and that I will wear a life jacket at all times in the water.

I also attest that I am free and unencumbered from any physical or mental impairment and am free of any contagious or infectious disease that might interfere with my health or safety during this program.



Print Name _____

Signature _____

Date _____

4600 N. Flagler Drive
West Palm Beach, FL 33407

561.881.0809
fax 561.881.1424
www.PBSail.org
office@pbsail.org

Emergency Contact Information

Name_____

Relationship_____

Best Phone Contact Number_____

Method of Payment

Amount Due \$ _____

I have enclosed a check OR please charge my credit card: MC_____ Visa_____ Discover_____

Card # _____

Expiration Date_____ Billing Zip Code_____

Name (on card)_____

Signature_____

I understand that lessons may be rescheduled due to inappropriate weather, _____
Please initial

Sail Training Director

Don Lasky
US SAILING Small Boat Coach Level 2
561-351-5784
dlasky@pbsail.org



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