



YOUR PASSION. ORGANIZED.

Shreveport Yacht Club Sail Camp Registration

Date _____

Fee (Member) \$325

Fee (Non-member) \$375

Session Date _____

Name _____ Birth date _____ Sex _____

Address _____

No. Street City State Zip

Phone _____ (Home) _____ (Business)

_____ (Cell) _____ (e-mail)

Parent/Guardian (parent/guardian to complete if applicant is a minor):

Mother's name _____

Phone _____ (B) _____ (O) _____

Father's name _____

Phone _____ (B) _____ (O) _____

Emergency Contact _____

Name Phone Relation

Signature _____

Date _____

Course Information (Applicant to complete)

Can you swim approximately 25 yards, using any stroke, in sailing clothes and shoes/booties?

___ Yes ___ No ___ Not sure

Will you be available for all lessons?

___ Yes ___ No

Your previous sailing experience _____

*** To assure a place is reserved on the session roster a non-refundable deposit of \$150 is required with this application. This should be in the form of a check made payable to the *SYC Sailing Education*. The deposit will count toward the total cost of camp.**

I assume full responsibility for any loss or damage excepting loss or damage covered by insurance, that may come to any person, boat, equipment, pier, float or other property used in conjunction with this course as the result of improper use, negligence, violation of the rules, and other acts of sailors, or other representatives of the school, instructional program or host location in connection herewith. I accept that the sport of sailing and the conduct of this course entail and are subject to certain inherent risks and assume all risks on land and on the water of participation in this program. I further agree to hold the school, instructional program or host location, US SAILING, and their representatives harmless for personal injuries and/or property damage.

Signature _____ Date _____
Applicant or Parent/Guardian (if a minor)

Instructor Record (Instructor to complete):

Swim Test Passed ___ Yes ___ No Date _____

Course Completed ___ Yes ___ No Date _____

Signature _____ Date _____
