



**The Milford
Yacht Club**

SOS

ADULT SUMMER OF SAILING

REGISTRATION FORM

Dates: Wednesdays from June 28th through August 2nd, 2017. The program may be extended depending on student interest and instructor availability.

Time: Meet at dock at 6:00 p.m.

Requirements:

- Only members of Milford Yacht Club in good standing may participate (A, B, C, etc.)
- You must be 18 or older at time of registration.
- No sailing experience necessary.

You must know how to swim. A Coast Guard approved Personal Floatation Device (PFD) must be worn at all times during sailing and while on the dock. This form must be completely filled out and sent to MYC along with full payment prior to the start of lessons. A Connecticut Safe Boating Certificate is recommended, but not required. Persons with significant medical conditions should check with their physician to see if participation is appropriate.

Personal Information:

Name: _____
Street: _____ **City:** _____ **State:** ____ **ZIP:** _____
Cell: _____ **Home Phone:** _____
DOB: _____ **e-mail:** _____

Permission to Use Photograph on MYC Web Site and in Promotional Materials: Yes: No:

Rain Dates: Make-up classes will be conducted at the sole discretion of the instructors.

Fees: Basic Instruction and charter fee: \$150 for a 6 week class. Enclose a check made payable to Milford Yacht Club. Please reference "SOS" in the remarks.

Chartering: Once the course is underway, students may be offered the option of chartering our J22's. They must first be signed off by an instructor and must have a Connecticut Safe Boating Certificate. There will be a separate fee for chartering privileges.

Emergency Contacts: Name: _____ Phone: _____

Name: _____ Phone: _____

Release of Liability: By signing below, I certify that I understand there is an element of risk involved in all water sports, including sailing. I hereby agree to hold Milford Yacht Club, its officers, board members, instructors, and volunteers harmless from any claim for loss, injury or other liability for any reason whatsoever during or in conjunction with this sailing program.

PrintName _____ **Signature** _____ **Date** _____

Legal Guardian: Date: _____ Signature: _____

RETURN COMPLETED FORM AND PAYMENT TO MYC MAIL OFFICE