



**Registration Form 2008**

Please check sessions:

<input type="checkbox"/> June 23 – July 4, 2008	<input type="checkbox"/> 9a–12:30p	<input type="checkbox"/> 1:30–5p
<input type="checkbox"/> July 7 – 18, 2008	<input type="checkbox"/> 9a–12:30p	<input type="checkbox"/> 1:30–5p
<input type="checkbox"/> July 21 – Aug. 1, 2008	<input type="checkbox"/> 9a–12:30p	<input type="checkbox"/> 1:30–5p
<input type="checkbox"/> Aug. 4 – 15, 2008	<input type="checkbox"/> 9a–12:30p	<input type="checkbox"/> 1:30–5p

How would you describe your child's sailing abilities:

New to sailing     Beginner     Intermediate

**\$375.00 per half day session. Returning students: \$350.00 per session.**

All sessions are Monday–Friday.

Call 203–209–3407 to find out about discounts for two or more sessions.

**Student's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

**Parent /Guardian Contact :** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Amount enclosed:** \_\_\_\_\_

I hereby release and waive SAILAWAY, LLC and their respective officers, employees, and representatives from any and all claims and/or actions of any kind of personal injuries and/or property damage, which may be caused at its locations during lessons or use of sailing equipment. I certify that the student named above is a capable swimmer and all the questions on this form have been answered accurately and truthfully.

**Parent / Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail this form with your check made payable to SAILAWAY, LLC to:**  
**Sailaway, LLC, 1771 Post Road East, #230, Westport, CT 06880**