



**Registration Form 2019**

<b>Date</b>	<b>Time</b>	<b>Basic Sailing</b>	<b>Intermediate Sailing</b>	<b>Advanced Sailing</b>
6/24-7/5 **	9a-12:30p	BS-01A	INT-01A	AS-01A
6/24-7/5 **	1:30-5p	BS-01P	INT-01P	AS-01P
7/8-7/19	9a-12:30p	BS-02A	INT-02A	AS-02A
7/8-7/19	1:30-5p	BS-02P	INT-02P	AS-02P
7/22-8/2	9a-12:30p	BS-03A	INT-03A	AS-03A
7/22-8/2	1:30-5p	BS-03P	INT-03P	AS-03P
8/5-8/16	9a-12:30p	BS-04A	INT-04A	AS-04A
8/5-8/16	1:30-5p	BS-04P	INT-04P	AS-04P

**\$475.00 per two week half day session**

**Returning students: \$450.00 per half-day session**

**\$275 per single week**

All sessions are Monday–Friday, rain or shine. \*\* We will sail on July 4th! \*\*

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

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

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

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

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

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

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

**Enroll in Class number(s):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**How would you describe your child's sailing abilities:**  
**New to sailing** \_\_\_\_\_ **Beginner** \_\_\_\_\_ **Intermediate** \_\_\_\_\_ **Advanced** \_\_\_\_\_

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

**Mail this form with your check made payable to**

**SAILAWAY SAILING SCHOOL, LLC to:**

**Sailaway Sailing School, LLC, #1 Bostwick Ave., Bridgeport, CT 06605**

**Registration & Credit Cards accepted by phone with a 3% handling fee.**

Sailaway Sailing School  
Parental Release Forms

**Release Form 1:**

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_ (name of child/children), hereby give permission for him/her to participate in Sailaway Sailing School's Summer Program. I understand that sailing is a sport that involves risk such as injury, loss or damage. I understand that my child shares the responsibility for safety and agrees to practice safe boating.

I agree to release, discharge, indemnify and hold harmless **SAILAWAY SAILING SCHOOL, LLC** and their respective officers, employees and representatives for all claims of any persons for damages or personal injury whatsoever that may be sustained while participating in any activity and/or while using the facilities and equipment and/or while on the premises of Sailaway Sailing School.

I certify that the student(s) named above is a capable swimmer and all the questions on this form have been answered accurately and truthfully.

**Release Form 2:**

We're on Facebook and Instagram and would like your permission to use photographs of your children on our website, teamsailaway.com and social media. We do not tag anyone in our photos. Please check one of the boxes below:

**I DO**     **I DO NOT**

give Sailaway Sailing School permission to publish on their website or social media, the likeness or image of my child.

I release all claims against Sailaway Sailing School, LLC with respect to copyright, ownership, and publication, including any claim for compensation related to use of the materials.

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

**Date:** \_\_\_\_\_