

Rockland Community Sailing

643 Main Street, Rockland, Maine 04841

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2012 ADULT Sailing Registration

www.apprenticeshop.org

Student's Name: _____ Date of Birth: _____

Student's Cell Phone No: _____ Student's Email: _____

Previous Sailing Experience: _____

Summer Address: _____ Winter Address (if different): _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Home Phone: _____ Cell: _____

Work Phone: _____ Work Phone: _____

Enclosed is my non-refundable deposit of 10% for each program. ****The non-refundable deposit holds a student's place in the program. Full payment must be received by start of first class. If full payment is not received, the student cannot sail. Refunds (less the deposit) are made only if the full program is canceled. No pro-rated, partial or daily payment. No refunds given once the program begins.***

I would like to pay in full at this time. Enclosed is my check for \$ _____

ADULT SPRING & FALL SAILING

18-Hour program — 2 days a week for 3 weeks)

_____ **Spring Adult Sailing 1** \$400
June 11—27, Mon & Wed for 3 weeks 4-7 pm

_____ **Spring Adult Sailing 2** \$400
June 12—28, Tues & Thur for 3 weeks 4-7 pm

_____ **Fall Adult Sailing 1** \$400
Sept 10—26, Mon & Wed for 3 weeks 4-7 pm

_____ **Fall Adult Sailing 2** \$400
Sept 11—27, Tues & Thur for 3 weeks 4-7 pm

ADULT NAVIGATE & SAIL CLASS

_____ **Navigate & Sail 1** \$300+\$50 charts & tools
Meets Mon & Wed for 3 weeks or BYO
April 16, 18, 23 (classroom) 6-8 pm
April 25, 30 & May 2 (on water) 5-8 pm

_____ **Navigate & Sail 2** \$300+\$50 charts & tools
Meets Mon & Wed for 3 weeks or BYO
May 7, 9, 14 (classroom) 6-8 pm
May 16, 21 & 23 (on water) 5-8 pm

ADULT SAIL INTO HISTORY

_____ **Sail into History 1** \$80+\$10 guide book
Meets Fridays, April 27 & May 4 3-5 pm

_____ **Sail into History 2** \$80+\$10 guide book
Meets Tues & Thur, May 22 & 24 3-5 pm

_____ **Sail into History 3** \$80+\$10 guide book
Meets Wednesdays, May 30 & June 6 3-5 pm

ADULT LEARN TO RACE CLASS

_____ **Adult Racing 1** July 5, 10, 12, 17, 19 & 24 \$400
Thur & Tues for 3 weeks 4-7 pm

_____ **Adult Racing 2** Aug 9, 14, 16, 21, 23 & 28 \$400
Thur & Tues for 3 weeks 4-7 pm

SUMMER ADULT SAILING

12-Hour program — 2 days a week for 2 weeks)

_____ **Summer Adult Sailing 1** \$300
Sat & Sun June 30, July 1, 7, & 8 4-7 pm

_____ **Summer Adult Sailing 2** \$300
Mon & Wed July 9, 11, 16 & 18 4-7 pm

_____ **Summer Adult Sailing 3** \$300
Tues & Thur July 10, 12, 17 & 19 4-7 pm

_____ **Summer Adult Sailing 4** \$300
Sat & Sun July 21, 22, 28 & 29 4-7 pm

_____ **Summer Adult Sailing 5** \$300
Mon & Wed July 23, 25, 30 & Aug 1 4-7 pm

_____ **Summer Adult Sailing 6** \$300
Tues & Thur July 24, 26, 31 & Aug 2 4-7 pm

_____ **Summer Adult Sailing 7** \$300
Sat & Sun August 4, 5, 11 & 12 4-7 pm

_____ **Summer Adult Sailing 8** \$300
Mon & Wed August 6, 8, 13 & 15 4-7 pm

_____ **Summer Adult Sailing 9** \$300
Tues & Thur August 7, 9, 14 & 16 4-7 pm

_____ **Summer Adult Sailing 10** \$300
Sat & Sun August 18, 19, 25 & 26 4-7 pm

_____ **Summer Adult Sailing 11** \$300
Mon & Wed August 20, 22, 27 & 29 4-7 pm

_____ **Summer Adult Sailing 12** \$300
Tues & Thur August 21, 23, 28 & 30 4-7 pm

Continues on reverse . . .

MEDICAL & EMERGENCY INFORMATION

Emergency Contacts (Will be called in the order listed)

	<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>	<u>Relationship</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Does the participant have any physical limitations, including eye glasses or hearing aides, that might prevent him/her from fully participating in the program? _____ No _____ Yes Please specify: _____

Current medications: _____

Physician's name: _____ Phone: _____

Office address: _____

Please provide information on all medical condition(s) that our staff should be aware of, for example chronic ailments (such as asthma, heart problems, diabetes, etc.) and allergies (bee stings, foods, medications, etc.): _____

PARTICIPATION AGREEMENT, WAIVER & INDEMNIFICATION

I, _____, acknowledge and agree as follows with respect to the participation of myself/my minor child (the "Participant") in the programs of The Apprenticeshop ("Shop"). In the event that I am signing with respect to a minor child, I certify that I am the legal parent or guardian of such minor child. I acknowledge that the following agreements shall be binding upon the Participant and shall inure to and be binding upon the Participant's heirs, guardians and assigns.

Acknowledgement of Risk, General Waiver of Liability and Indemnification. I acknowledge that participation in The Apprenticeshop programs involves substantial risk of severe and life threatening injury, and I hereby assume the risk of such injury to the Participant arising from participation in a Shop program. I waive, release and covenant not to sue with respect to any and all rights and claims that the Participant may have against the Shop, and the officers, directors, agents, employees, volunteers and sponsoring individuals and organizations thereof, arising out of the Participant's participation in a Shop program, including traveling to/from and participating in an event sponsored or sanctioned by the Shop. I further agree to indemnify and hold harmless the Shop, and the officers, directors, agents, employees, volunteers and sponsoring individuals and organizations thereof, for any costs, including legal fees, and any other expenses incurred in connection with any such right or claim.

Adherence to Rules, Dismissal. I agree that the Participant will abide by the rules of The Apprenticeshop and all instructions of staff/volunteers while on Apprenticeshop premises and at offsite events sponsored or sanctioned by the Shop and I acknowledge that failure to do so may result in dismissal from any/all Shop programs at the sole discretion of staff. No refunds will be given in the event of dismissal. I agree to reimburse to the Apprenticeshop the cost of repairing and/or replacing equipment damaged as a result of the Participant's failure to abide by the rules and/or the instructions of staff and/or volunteers.

Photo Release. I grant to The Apprenticeshop the right and permission to use, store, reproduce, and publish printed or electronic representations of the Participant's image, voice, and/or likeness. I waive any right to compensation with respect to the foregoing.

Medical Treatment Authorization. If the "Emergency Contacts" provided above cannot immediately be reached in the event of a medical emergency, I hereby authorize and consent to such medical treatment of the Participant as may deemed necessary or advisable by any person certified to perform CPR and/or any licensed EMT, nurse or doctor, or the staff of any licensed hospital or other medical facility. I certify that the medical information provided above is accurate and complete and I acknowledge that such medical information may be disclosed to parties providing medical treatment.

Cancellation. I acknowledge that weather, equipment failure or other unforeseen circumstances may interrupt or require the modification or cancellation of a program. I agree that staff may cancel any portion or all of any program at their sole discretion and no refunds will be given unless a program is cancelled in its entirety on or prior to the first day of the program.

I certify that I have read and understand the foregoing. I acknowledge that The Apprenticeshop is granting the Participant the opportunity to participate in programming in reliance on the information provided and in consideration of the agreements contained herein.

Participant UNDER the age of 18: Signature of parent/guardian: _____ Date _____
Printed name of parent/legal guardian: _____

Participant OVER the age of 18: Signature _____ Date _____
Printed name: _____