

WAIKIKI YACHT CLUB ADULT SAILING PROGRAM 2009

LAST NAME _____ FIRST NAME _____

Class size is limited to insure high quality instruction. Three types of classes are available: You may sign up as an individual; or bring a friend and share the savings; Arrange for a small group of your friends and save a little more while enjoying a fun social experience together.

There are also significant discounts for members. Prospective members who pay the non-member rate and join the club within 3 months will receive an account credit after their first month with the club.

Classes are 12 hours set up as 4 three hour lessons. Lessons are made by appointment only. Please call Guy Fleming at 955-4405 to make an appointment.

<u>SESSION</u> <small>(Please Check Boxes)</small>	<u>PROGRAM FEE</u> <small>(Please Circle Fees)</small>	
	<u>Member Rates</u>	<u>Non Member Rates</u>
<input type="checkbox"/> Individual Class 12 hours	\$420.00	\$600.00
<input type="checkbox"/> Class of 2	\$360.00 Per Person	\$540.00 Per Person
<input type="checkbox"/> Group of 3 or 4	\$300.00 Per Person	\$480.00 per person

Start Sailing Right Book.....\$14.00 1st Time Students Need This Book

STUDENT NAME _____ AGE _____ E-MAIL _____
 ADDRESS _____ RES PH _____
 CITY _____ STATE _____ ZIP _____ BIRTH DATE _____

PRIOR SAILING EXPERIENCE:

MEMBERSHIP STATUS OF STUDENT:

- Member
 Non-Member

PAYMENT ENCLOSED

Please note that **no discount or refund** is available for unused portions.

Amount Paid \$ _____

- Cash Check Charge

CHARGE TO:

WYC Account # _____

Visa MasterCard American Express

Account # _____

Expiration Date: _____

Signature: _____

RELEASE AND INDEMNITY

I _____ recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to participate in the Waikiki Yacht Club Adult Sailing Program and use of the club facilities and boats, I (we) hereby release and relieve, and agree to indemnify and hold harmless the Waikiki Yacht Club, its officers, trustees, members, agents, and employees with respect to any and all claims for property age, personal injury, death or consequential loss or damage arising out of or incident in the use of any boat or equipment. WYC owned or otherwise, in said Junior Sailing Program or use of Club property in connection herewith by my (our) (dependent) whether said injuries, death, or other damages are suffered as a consequence of negligence on the part of said Club, it officers, trustees, members, agents, employees, or otherwise.

(Signature)

(Date)

(Print Name)

EMERGENCY AND MEDICAL INFORMATION

In case of emergency notify: _____

Telephone #: Home _____ Office _____ Other _____

Health Plan _____

Medical Facility _____

Physician _____ Phone _____

Emergency phone numbers (other than home) _____

Name _____	Relationship _____	Home Ph. _____	Bus. Ph. _____
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Name _____	Relationship _____	Home Ph. _____	Bus. Ph. _____
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Known Allergies or Medical Problems _____

Do you have any history of, or do you currently have, any physical limitations that might prevent you from fully participating in this sailing class? No _____ Yes _____

If yes, please explain _____

List any medical factors that would be pertinent in emergency treatment. (i.e. Allergies, blood type, date of last tetanus shot)

