



Registration Form 2021

| Date | Time | Novice Sailing | Experienced Sailing |
|-----------|-----------|-----------------|---------------------|
| 6/21-7/2 | 9a-12:30p | SOLD OUT | SOLD OUT |
| 6/21-7/2 | 1:30-5p | SOLD OUT | SOLD OUT |
| 7/5-7/16 | 9a-12:30p | SOLD OUT | SOLD OUT |
| 7/5-7/16 | 1:30-5p | SOLD OUT | SOLD OUT |
| 7/19-7/30 | 9a-12:30p | SOLD OUT | SOLD OUT |
| 7/19-7/30 | 1:30-5p | BS-03P | EXP-03P |
| 8/2-8/13 | 9a-12:30p | BS-04A | EXP-04A |
| 8/2-8/13 | 1:30-5p | BS-04P | EXP-04P |

\$475.00 per two week half day session

Returning students: \$450.00 per half-day session

\$300 per single week

All sessions are Monday-Friday, weather permitting*

Student's Name: _____ **Age:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Medical Conditions: _____¹
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.

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: _____