



Registration Form 2022

Date	Time	Novice Sailing	Experienced Sailing
6/27-7/8	9a-12:30p	BS-01A	EXP-01A
6/27-7/8	1:30-5p	BS-01P	EXP-01P
7/11-7/22	9a-12:30p	BS-02A	EXP-02A
7/11-7/22	1:30-5p	BS-02P	EXP-02P
7/25-8/5	9a-12:30p	BS-03A	EXP-03A
7/25-8/5	1:30-5p	BS-03P	EXP-03P
8/8-8/19	9a-12:30p	BS-04A	EXP-04A
8/8-8/19	1:30-5p	BS-04P	EXP-04P

\$575.00 per two week half day session

Returning students: \$550.00 per half-day session

\$350 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 Week of : _____

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 to:
Sailaway Sailing School, PO Box 32, Milford CT 06460
Registration & Credit Cards accepted on-line

Sailaway Sailing School
Parental Release Forms

Release Form 1:

I, _____, the parent or guardian of
_____ (name of child), 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 serious injury, death, loss or damage. I
understand that my child shares the responsibility for safety and agrees to practice safe
boating, this includes wearing a lifejacket (PFD) while boating and while on the docks,
and includes the successful completion of an annual swim test at the start of the summer
program.

I agree to release, discharge, indemnify and hold harmless **SAILAWAY SAILING
SCHOOL, Connecticut Yankee Council BSA** 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 the child named above is a capable of swimming 100 yards without
assistance and that all the questions on this form have been answered accurately
and truthfully**

Signature of Parent/Guardian: _____

Date: _____

Release Form 2:

We're on Facebook and Instagram and would like your permission to use
photographs of your children on our website 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, Connecticut Yankee Council
BSA with respect to copyright, ownership, and publication, including any claim
for compensation related to use of the materials.

Signature of Parent/Guardian: _____

Date: _____