



REGISTRATION FORM 2020
Modified 5/14/20

Date	Time	Basic/Beginner	Intermediate
June 29th One Week	9a - 12:30p	BS - 6/29 A	INT - 6/29 A
June 29th One Week	1:30 - 5p	BS - 6/29 P	INT - 6/29 P
July 6 to July 17	9a - 12:30p	BS - 2A	INT - 2A
July 6 to July 17	1:30 - 5p	BS - 2P	INT - 2P
July 20 to July 31	9a - 12:30p	BS - 3A	INT - 3A
July 20 to July 31	1:30 - 5p	BS - 3P	INT - 3P
August 3 to August 14	9a - 12:30p	BS - 4A	INT - 4A
August 3 to August 14	1:30 - 5p	BS - 4P	INT - 4P

\$475 per two week half day session for New Students
\$450 per two week session for Returning Students
\$275 per single week
All sessions Monday to Friday
Please note classes will not be held in the event of inclement weather.

Student's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Medical Conditions _____

Parent/Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Dates and Class Number: _____

Briefly describe your child's sailing experience :
(i.e., new to sailing, beginner, experienced)

Amount enclosed: _____

**Mail this form with a check made payable to SAILAWAY SAILING SCHOOL, LLC
to: Sailaway Sailing School, LLC, #1 Bostwick Ave., Bridgeport, CT 06605**

Credit card payments accepted by calling 203-209-3407.

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 he/she 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.

Signature of Parent or 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, sailawaycamp.com and social media. We do not tag anyone in
our photos. Please check one of the boxes:

_____ 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 the use of the materials.

Signature of Parent or Guardian: _____

Date: _____