

Brandermill Sailing Club Sailing Lessons Registration

PO BOX 2152, Midlothian, VA 23113

To reserve a place, please email your name/s and which session you wish to attend to:

Officers@sailbrandermill.org, and Instructors@sailbrandermill.org

Please fill in the following information and the accompanying "Assumption of Risk and Indemnification Agreement" and the "Medical Emergency Information" forms (one for each person attending) by May 1st and mail them with your check (payable to "**Brandermill Sailing Club**") to the Brandermill Sailing Club, PO Box 2152, Midlothian VA 23113.

2016 SESSION DATES

Session 1:			Session 2:		
Wednesday	May 11	5:30 pm - 8 pm	Wednesday	June 8	5:30 pm - 8 pm
Saturday	May 14	9 am - 3 pm	Saturday	June 11	9 am - 3 pm
Sunday	May 15	9 am - 3 pm	Sunday	June 12	9 am - 3 pm

Name (First and Last)	Email address	Attend Session 1	Attend Session 2

COSTS

FOR NON-BSC MEMBERS

The cost for an individual is \$125.00. This price includes a 1 year family membership in the Brandermill Sailing Club and one *US Sailing Start Sailing Right* class manual and the cost of the first family member's sailing lessons. Lessons for 1st additional family member costs \$65, with each family member after the first additional family member costing \$35 per person. Additional lesson manuals can be purchased for \$15 each. (Although recommended, individual manuals are not required).

Sailing Lesson (individual):	\$125.00	\$125.00
1 st Additional Participant:	\$ 65.00	\$ _____
Other Additional Participants:	\$ 35.00 x Number Participants	\$ _____
Additional Manual/s:	\$ 15.00 x Number Required	\$ _____

Total Enclosed \$ _____

Please download and complete the Brandermill Sailing Club Membership Application from our Web site at <http://www.sailbrandermill.org/information/membership/>

FOR BSC MEMBERS

The cost for the lessons is \$60 for the 1st family member, \$65 for the 2nd family member, and \$35 for each additional family member. It is recommended that each participant purchase one *US Sailing Start Sailing Right* class manual at \$15 per manual.

Sailing Lesson (Individual):	\$60.00	\$60.00
1 st Additional Participants:	\$65.00	\$ _____
Other Additional Participants:	\$35.00 x Number Participants	\$ _____
Additional Manual/s:	\$15.00 x Number Required	\$ _____

Total Enclosed \$ _____

Brandermill Sailing Club

Assumption of Risk and Indemnification Agreement

(Please Print Clearly)

Name: _____

Address: _____

Phone: Home _____ Cell _____

Activity: Sailing Lessons, May, June 2016, Sunday Park, Brandermill

I understand the scope and nature of the above activity. I understand my responsibility to exercise due care in the performance of the activity for the safety of myself and the other participants.

As a participant in this activity, I understand that I assume all risks and liability that may arise from my involvement and participation in this activity. I further agree to hold harmless the Brandermill Sailing Club and the Brandermill Community Association its officers, members, volunteers, heirs and assignees from any and all claims, damages, actions, liability and expense, now and in the future, in connection with any and all personal and bodily injury and/or damage to my person, be it foreseen or unforeseen.

Signature: _____

Date: _____

Name of parent if a minor: _____

Signature of parent if a minor: _____

Brandermill Sailing Club
Medical and Emergency Information

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

Sex: _____

Do you have any physical limitations or learning disability that might prevent you from fully participating in this course? _____

If so, please specify: _____

Chronic Ailments: Asthma _____ Circulatory or heart problems _____

 Epilepsy _____ Diabetes or hypoglycemia _____

 Hemophilia or other bleeding problems _____

Allergies: Insect Bites _____ Bee/Wasp Stings _____

 Drugs _____

 Other _____

Current Medications or pertinent information: _____

Blood Type: _____

Family Physicians Name: _____ Phone: _____

Date of most recent physical exam: _____ Date of last tetanus shot: _____

Insurance Carrier: _____ ID #: _____

To notify in an emergency:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

I, the undersigned, do hereby authorize and consent to any treatment needed in an emergency. It is understood that efforts shall be made to contact the above named person/s prior to rendering treatment to the patient, but that treatment will not be withheld if any of these people cannot be reached.

Signature: _____ Date: _____