



Date Rec'd \_\_\_\_\_ Amt \_\_\_\_\_

# LAKE CALHOUN SAILING SCHOOL

## 2009 ADULT REGISTRATION FORM

**PLEASE REGISTER ONLY ONE STUDENT PER FORM. IF YOU NEED MORE FORMS YOU CAN DUPLICATE THIS FORM (BOTH SIDES) OR DOWNLOAD THEM FROM OUR WEBSITE: WWW.LAKECALHOUN.ORG**

Please enroll me in Class # \_\_\_\_\_ Class Title \_\_\_\_\_  
Dates \_\_\_\_\_ Days \_\_\_\_\_ Times \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Prior Sailing Experience \_\_\_\_\_

Home Phone \_\_\_\_\_ Office \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail (please print clearly) \_\_\_\_\_

Who should we contact in case of emergency?

1.) \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2.) \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Medical Information: Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Any medical conditions/problems that we should know about? \_\_\_\_\_

\_\_\_\_\_

**\* IMPORTANT: READ AND SIGN THE REVERSE SIDE OF THIS FORM \***

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

I, \_\_\_\_\_ authorize the Lake Calhoun Sailing School staff  
(print name)  
to obtain emergency medical treatment for me if no family, relative or friend can be contacted at the time  
of the emergency.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT/RELEASE**

The LCSS has been advised that the following consent/release statement should be included in our registration procedure. It is used, in one form or another, by all organizations that sponsor sports activities.

The undersigned recognizes that an element of risk is involved in all water sports including sailing. Therefore, to induce The Lake Calhoun Sailing School to accept him/her into the Lake Calhoun Sailing School, the undersigned covenants and agrees to hold harmless and indemnify the Lake Calhoun Sailing School and the Minneapolis Park and Recreation Board, its officers, directors, employees and agents from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury to any person or damage to any property arising out of or in anywise connected with the operation of the Lake Calhoun Sailing School or any activities on (or the use of) any facilities or equipment of the Lake Calhoun Sailing School or the Minneapolis Park and Recreation Board.

I have read and understand the Consent/Release statement of the Lake Calhoun Sailing School and Racing Program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ORDER A COOL LAKE CALHOUN SAILING SCHOOL T-SHIRT!**

High quality, three color design (front & back), cotton shirt. \$15 (add to tuition check)

Indicate quantity: Adult size: small \_\_\_\_\_ med. \_\_\_\_\_ lg \_\_\_\_\_ xl \_\_\_\_\_ xxl \_\_\_\_\_

Children's size: small \_\_\_\_\_ med \_\_\_\_\_ lg \_\_\_\_\_

**SEND COMPLETED FORM AND  
CHECK MADE OUT TO:**

**Lake Calhoun Sailing School  
c/o Larry Salzman  
2704 Ewing Ave So.  
Minneapolis, MN 55416**