



LAKE CALHOUN SAILING SCHOOL

Office: _____
Date _____ Amt _____

2010 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 my child/me in Class # _____ Class Title _____
Dates _____ Days _____ Times _____ Tuition: (see below)* _____

Student Name _____ Age _____

Address _____

City _____ State _____ Zip _____ School _____

Prior Sailing Experience _____

Parent/Guardian Name _____

Address (if different from above) _____

Home Phone _____ Office _____ Cell _____

E-Mail (please print clearly) _____

Who should we contact during the day?

1.) _____ Phone _____ Relationship _____

2.) _____ Phone _____ Relationship _____

Who should we contact in case of emergency? _____

Medical Information: Doctor Name _____ Phone _____

Address _____ City _____

Insurance Co. _____ Policy # _____

Any medical conditions/problems that we should know about? _____

*There are two ways to pay for classes: by check or credit card. If you are paying by check you may deduct the following amounts from the cost of the class: for 1/2 day or evening classes, deduct \$5; for full day classes you may deduct \$10.	
Credit cards:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Card Number	_____
Expiration date: Month	__ __ Year __ __ Security Code* _____
Signature	_____
	<small>*Last 3 digits on back of V,M,D. Upper right on front of AmEx</small>

*** 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: _____ if no family, relative or
friend can be contacted at the time of the emergency.

Signature _____ Date _____

***Adult class registrants: Please enter your name and signature here and below.**

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 Parent/Guardian (or student) recognizes that an element of risk is involved in all water sports including sailing. Therefore, to induce The Lake Calhoun Sailing School to accept his/her child (or me) into the Lake Calhoun Sailing School, the undersigned Parent/Guardian (or student) 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 Policies, Recommendations and 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 cotton **Shirt**. \$15 (add to tuition check)

Indicate quantity: Adult size: small _____ med. _____ lg _____ xl _____ xxl _____
Children's size: small _____ med _____ lg _____

Embroidered khaki "*Lake Calhoun Sailing School*" **Hat** (\$12.50) _____

**SEND COMPLETED FORM
AND PAYMENT TO:**

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