



# LAKE CALHOUN SAILING SCHOOL

Office: _____
Date _____ Amt _____

## 2012 REGISTRATION FORM

**YOU MAY REGISTER MORE THAN ONE STUDENT PER FORM ONLY IF THEY ARE IN THE SAME CLASS.**

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

Student #1 Name \_\_\_\_\_ Age \_\_\_\_\_

Student #2 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? \_\_\_\_\_

\_\_\_\_\_

<b>*Pay by check or credit card. (Credit card # will not be saved)</b>	
If paying by check, deduct \$5 from the cost of a 1/2 day or evening class, or \$10 for a full day class.	
Credit card:	<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 (sign after printing) \_\_\_\_\_ 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 (sign after printing) \_\_\_\_\_ Date \_\_\_\_\_

**ORDER A COOL SAILING SCHOOL T-SHIRT OR HAT!**

High quality, three color design cotton **Shirt**. \$15 (add to tuition)

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

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

Embroidered khaki **Lake Calhoun Sailing School Hat** (\$15.00) \_\_\_\_\_

**SEND COMPLETED FORM  
AND PAYMENT TO:**

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