

Cooper River Yacht Club Student Registration Form:

Class: _____

Date: _____

Applicant:

Last Name: _____

First Name: _____ Middle Initial: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____

Birth Date: _____ Gender: _____

Parent or Guardian: (complete if applicant is a minor)

Last Name: _____

First Name: _____ Initial: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____

Relation to Applicant: _____

Signature: _____ Date: _____

Emergency Contact: Name: _____

Relation to Applicant: _____

Phone: _____

Cell Phone: _____

Course Information concerning Applicant:

Swimming Ability (50 yards any stroke): (Satisfactory/Unsatisfactory): _____

Available for all sailing lessons: (Yes/No): _____

Previous Sailing Experience: _____

I assume full responsibility for any loss or damage, excepting loss or damage covered by insurance, that may come to any person, boat, sailboard, equipment, pier, float, or other property used in conjunction with this course as the result of improper use, negligence or violation of rules and course practices.

Further, I accept that the sport of sailing and the conduct of this course entail and are subject to certain inherent risks, and I assume all risks on land and on water of participation in this program. I further agree to hold the sailing program, Cooper River Yacht Club, Club Officers, members, instructional personnel, US Sailing and their representatives harmless for personal injuries and/or property damage.

Signature Applicant: _____ Date: _____

Signature Parent/Guardian: _____ Date: _____