



2016 Women's Introduction to Sailing Application Form

Class Fee: Members \$75.00 (includes book)

Non-Members \$100.00 (includes book)

Include payment with application. **Applications must be received by June 2, 2016**

Class size limited. Members receive registration preference.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ - _____

Email: _____

Emergency Contact: _____ Phone: _____

Dates and Times:

Module 1	06/9/2016 6:00 – 8:00PM	Module 2	06/11/2016 10:00AM - 4:00PM	Module 3	06/12/2016 10:00AM – 4:00PM
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Waiver

The undersigned acknowledges that the sport of sailing in which he/she has entered is dangerous and assumes all risk of accident, injury, inconvenience, loss of property or loss of life. The undersigned acknowledges that the decision to engage in the sport of sailing, and/or sailing instruction received from Lake Washington Sailing Club, its members, employees, and volunteers, is the sole and exclusive responsibility of the undersigned. In consideration of the acceptance of this application, the undersigned hereby releases and forever discharges the Lake Washington Sailing Club, its directors, officers, members, employees and volunteers, The City of West Sacramento and the Port of West Sacramento and its elected officials, directors, employees and volunteers, from liability for any and all loss, damage, or injury to person or property resulting from his/her participation in the sailing instruction received from and at Lake Washington Sailing Club. The undersigned further authorizes and releases to the Lake Washington Sailing Club the use for any purpose the use of any photographic or video recorded image of the participant listed herein. The undersigned agrees to be bound by the Racing Rules of Sailing, Inland Rules of the Road, and by all other rules that govern this event.

Applicant's Signature: _____ Date: _____

LWSC Member Yes No

Mail this entry with check payable to Lake Washington Sailing Club to:

Lake Washington Sailing Club – Attn: Pat Sayer-Handley
P.O Box 980546
West Sacramento CA 95798

Contact Information – E-mail copy of application:

Pat Sayer-Handley
Email: psayerhandley@yahoo.com

Official Use Only

Cash Received: _____ Check Received: Amount _____ Check #: _____

Person Receiving Entry: _____ Date Received: _____