

# 2010 Women's Introduction to Sailing Application Form



**Event Fee \$75.00 (includes book)**

Include payment with application.

Class size limited. Members receive registration preference.

Name: \_\_\_\_\_

Boat type: \_\_\_\_\_ Sail Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**Dates and Times:**

<b>Module 1</b> 6/17/10 6:00 – 8:00PM	<b>Module 2</b> 6/19/10 10:00AM - 4:00PM	<b>Module 3</b> 6/26/10 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, 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 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 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 to:**

Lake Washington Sailing Club  
 P.O Box 980546  
 West Sacramento CA 95798.

**Contact Information**

Phone: Debi Glovin at (916) 799-9996  
 Email: dtglovin@hotmail.com

Official Use Only

Cash Received: \_\_\_\_\_ Check Received: Amount \_\_\_\_\_ Check #: \_\_\_\_\_

Person Receiving Entry: \_\_\_\_\_ Date Received: \_\_\_\_\_