

# BRONTE HAROUR YACHT CLUB SAILING SCHOOL

## Adult Application Form - 2010

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: (DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_

EMAIL \_\_\_\_\_ (CELL) \_\_\_\_\_

**NOTE:** E-mail addresses are used for course confirmations, tax receipts and to keep you informed about the Sailing School, and about related BHYC activities. They are **only** shared with the Ontario Sailing Association, who will use it to keep students informed of events relevant to them. The OSA does not share or sell e-mail addresses or student information. A Postage Surcharge will be added if left blank.

BHYC MEMBERSHIP # (if applicable) \_\_\_\_\_

COURSE # \_\_\_\_\_

Use the Course & Fee Schedule to identify the course(s) you prefer. Note that you may apply for more than one standard session (e.g. Basic Dinghy followed by Learn to Cruise).

SAILING EXPERIENCE / ABILITY \_\_\_\_\_  
\_\_\_\_\_

**All prices are inclusive of taxes.** A cheque for the full course fee plus any books ordered must accompany the application/health information form. Identify the cheque as "Sailing School Fees" Cancellations made at least 2 weeks before the course start date, and are subject to a minimum retained fee of \$25. Refunds will be prorated based on days attended in the course for the first 3 days of each course

### DISCLAIMER AND WAIVER OF LIABILITY

**IN CONSIDERATION OF** the acceptance by BRONTE HARBOUR YACHT CLUB of this application to participate in the programmes offered by the sailing school, the undersigned acknowledges and agrees as follows: I recognize that sailing entails the risk of serious injury or loss of life, and voluntarily assume any such risk. I will not hold BRONTE HARBOUR YACHT CLUB, its Directors, instructors, members, employees or other participants in the school programme liable for any damage to my property, or for injury or loss of life to me or to those for whom I am the legal guardian, howsoever caused.

I CONFIRM THAT I am comfortable in the water, and capable of swimming with a PFD

SIGNATURE: \_\_\_\_\_

NAME (PLEASE PRINT): \_\_\_\_\_ DATE (dd/mm/yy): \_\_\_\_\_

TO BE SIGNED BY THE APPLICANT OR A PARENT OR GUARDIAN IF THE APPLICANT IS UNDER 18 YEARS

COURSE FEES	\$
POSTAL SURCHARGE (\$20) (REQUIRED IF NO EMAIL ADDRESS IS SUPPLIED)	\$
CHEQUE TOTAL	\$

Return to: **BHYC Sailing School, 2514 Lakeshore Rd. W., Oakville, ON L6L 1H8 Phone 905 827-6437**  
**Attention: Rear Commodore of Training**

Questions about registration? Send an e-mail to: [registration@bhyc.on.ca](mailto:registration@bhyc.on.ca)