



Start Keelboat Sailing Registration Form 2018

Start Keelboat Sailing is a Sail Canada course for those who have never really been sailing before, giving you 18 hours on the water to learn a little bit about sailing. You and your small group will sail aboard a C&C 25 keelboat with a professional Sail Canada instructor, learning the basic manoeuvres and the parts of the boat while having fun on the water. You can continue your training with the Basic Cruising course if you wish.

Student Information (Please print clearly!!)

Name: _____
email: _____
Address: _____ City: _____ Postal Code: _____
Res. #: _____ Bus. #: _____ Cell #: _____
Ont. Health Card: _____ - _____ (please include letters)
Date of Birth: _____
Emergency contact: _____ Relationship: _____
Res #: _____ Bus #: _____ Cell #: _____
Where did you learn of this program: ABYC website Beach Metro Ad Other Ad
Previous student Club Member Other _____ (Check all that apply.)

Medical Information

Do you have any of the following conditions?

Allergies Asthma Diabetes Epilepsy Heart Problems

Do you carry an:

EpiPen[®] Yes No Medication type: _____

Inhaler Yes No Medication type: _____

Are you on any medication, or do you have any allergies or medical conditions, of which the instructor should be aware?

Please describe and list: _____

You are responsible for ensuring that you are fit to sail before completing this form and must notify the ABYC office if for any reason this should change. Conditions are not suitable for children and may not be suitable for persons with pre-existing health conditions (e.g. pregnancy, heart condition, etc.).

Waiver

I understand all of the above conditions. I waive all claims against Ashbridge's Bay Yacht Club, its employees, Directors and Members, and agree to indemnify Ashbridge's Bay Yacht Club for any claim brought on my behalf against Ashbridge's Bay Yacht Club.

Signature _____ Date _____

Sailing Experience

Please outline your previous sailing experience: _____

Can you swim 15 – 20 metres unaided? Yes No

Previous CYA/Sail Canada (CANSail) Standards Achieved (if any): _____

COURSE SELECTION

INDICATE YOUR 1st, 2nd & 3rd SESSION CHOICES IN THE BOX NEXT TO THAT SESSION

Note: ABYC may cancel sessions with insufficient enrollment. Students may select a different session or receive a refund.

WEEKNIGHTS				
6:00 PM – 9:00PM	START	END	COURSE NO.	SELECTION NO.
Tues./Thurs.	May 15	May 31	SKS1	<input type="checkbox"/>
Mon./Wed.	June 04	June 20	SKS2	<input type="checkbox"/>
WEEKDAYS				
9:30AM - 3:30PM	START	END	COURSE NO.	SELECTION NO.
Mon.-Wed.	June 25	June 27	SKS3	<input type="checkbox"/>

Payment

I enclose my payment in the amount of (475 + 61.75HST) = \$536.75

Cash (*do not mail cash*)

Cheque (*payable to Ashbridge's Bay Yacht Club*)

Visa MasterCard Card # _____ Exp: _____

Direct Payment Name on Card: _____

Signature: _____

Note:

Space is limited. You are not considered registered until registration and payment in full is received.

There is a \$50 fee for cancellation of registration.

**Please mail, email or fax this form to
Ashbridge's Bay Yacht Club, or bring to the club in person.**

30 Ashbridge's Bay Park Road, Toronto, ON M4L 3W6
Fax: 416-698-5760
Phone: 416-698-4498
Email: admin@abyc.on.ca

Tear off for your record:
Start Keelboat Sailing Course # _____ Dates: _____ Times: _____
Amount paid: _____