



## Start Keelboat Sailing Registration Form 2019

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<sup>®</sup> 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 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> 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.

<b>WEEKNIGHTS</b>				
<b>6:00 PM – 9:00PM</b>	<b>START</b>	<b>END</b>	<b>COURSE NO.</b>	<b>SELECTION NO.</b>
Tues./Thurs.	May 14	May 30	SKSN1	<input type="checkbox"/>
Mon./Wed.	June 24	July 10	SKSN2	<input type="checkbox"/>
<b>WEEKDAYS</b>				
<b>9:30AM - 3:30PM</b>	<b>START</b>	<b>END</b>	<b>COURSE NO.</b>	<b>SELECTION NO.</b>
Mon.-Wed.	June 3	June 5	SKSWD1	<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: \_\_\_\_\_

Debit card    Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

E-transfer to [officeadministrator@abyc.ca](mailto:officeadministrator@abyc.ca) - send email with password, registrant and course. Information.

**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 ext 221  
 Email: [admin@abyc.ca](mailto:admin@abyc.ca)

**Tear off for your record:**

**Start Keelboat Sailing Course #** \_\_\_\_\_ **Dates:** \_\_\_\_\_ **Times:** \_\_\_\_\_

**Amount paid:** \_\_\_\_\_