



National Yacht Club

Adult Keelboat Learn to Sail

1 Stadium Road, Toronto, Ontario, M5V 3H4 Phone 416-260-8686 Fax 416-260-8780 www.thenyc.com

Participant Information

If you are not already a member of National Yacht Club, this form must be submitted with a Membership Application.

Name: _____ Member#: _____
First Last

Address: _____
Street Address Apartment/Unit #

City Province Country Postal Code

Home Phone: _____ Cell Phone: _____

Email: _____

Health Card #: _____ Date of Birth: _____
mm/dd/yyyy

Are there any medical problems/conditions we should be aware of?

Swimming Ability (circle): STRONG AVERAGE WEAK NON-SWIMMER

Do you have allergies to any of the following?
a) Insect Stings _____
b) Food/Drink _____
c) Medications _____

Are you prone to motion sickness? (circle): YES NO

How did you hear about us?

Emergency Contact Information

Name: _____ Relation: _____
First Last

Home Phone: _____ Cell Phone: _____ Work Phone: _____

The above information is confidential and will be released only to 1D Sailing Administrators for the purposes of completing your registration in the LTS program and to the instructors and/or medical professionals as necessary to ensure your safety/care.



2017 Course Selection

Please highlight/circle the session(s) that you would like to register for.

Course	Session #	Dates	Time	Fee**
Start Keelboat Sailing	Session 1	Friday, Saturday & Sunday May 26, 27 & 28, 2017	Fri 6 pm - 9 pm Sat/Sun 9 am- 5 pm	\$469 +HST
Start Keelboat Sailing	Session 2	Friday, Saturday & Sunday June 23, 24 & 25, 2017	Fri 6 pm - 9 pm Sat/Sun 9 am- 5 pm	\$469 +HST
Basic Cruising	Session 1	Saturdays & Sundays May 13, 14, 20 & 21, 2017	9 am - 5 pm	\$729 +HST
Basic Cruising	Session 2	Saturdays & Sundays June 10, 11, 17 & 18, 2017	9 am - 5 pm	\$729 +HST

Payment Information

Cheque
 Cash
 VISA
 Master Card

VISA/MC #: _____ Expiry Date: _____

Name on Card: _____ Security Code: _____
 (back of card)

Signature: _____

Consents

I hereby acknowledge that from time to time, I will receive communications (including electronic) from National One Design Sailing Academy Incorporated which could include special promotions, newsletters, announcements and other news.

Check Here If you do not consent

I hereby acknowledge that the use of my name, image photograph may be used from time to time in print, social, on-line or other media formats for promotional / marketing purposes for National One Design Sailing Academy Incorporated.

Check Here If you do not consent

Waiver of Liability

I, _____ (print full name), recognize that boating can be a dangerous activity and assume all risk of injury, loss or damage to my person and/or property and relinquish any right to a claim arising while upon the property or vessels owned, leased and/or under the care and control of National One Design Sailing Academy Incorporated, its affiliates, directors, officers, managers, agents servants and subcontractors to and including the National Yacht Club.

Participant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Return form to the NYC Office. Email – programs@thenyc.com Fax – 416-260-8780

Questions? Call Programs & Marketing Coordinator Amelia Leeksma at 416-260-8686 ext 32