

WHISTLER SAILING ASSOCIATION
DISCOVER SAILING PROGRAM

www.whistlersailing.com

Mailing Address: 6468 Balsam Way, Whistler, BC, V0N 1B6.
Physical Address of Sailing Facility 5678 Alta Lake Road.

info@whistlersailing.com

Head Coach Francois Hebert , 604 902 4836



REGISTRATION FORM

Course Dates: _____ Fee _____

Participant's Name: _____ Male / Female (circle)

Address: _____

City: _____ Prov: _____ Postal Code: _____

Age _____

Previous sailing experience, if any: _____

Parent/Guardian Name: _____

Phone #: _____

E-mail address: _____

Emergency Contact name: _____ Phone #: _____

IMPORTANT!

- 1) Complete the registration form (above)
- 2) Complete the "Physical Fitness" Form (below)
- 3) Complete the "Release of Liability"

For each student all of the above forms must be completed, **signed by a parent or guardian, and submitted to the teacher with payment prior to the course start date.**

Sailing Facility Location: 5678 Alta Lake Road, Whistler (the old Youth Hostel site)

CANCELLATION POLICY:

1. All accepted registrations are subject to a \$35 cancellation fee for sailing courses.
2. There will be no refunds for cancellations made within 14 days of the scheduled start date. (Exceptions may be made if the cancellation is due to illness or injury)
3. There will be no refunds after the start date for the course with zero exceptions.
4. Whistler Sailing Association may cancel any course due to insufficient students or other reasons beyond its control. In such circumstances registrants will receive a full refund.

Further information or questions about the WHISTLER SAILING ASSOCIATION SAILING PROGRAM or about the form completion should be directed to Head Coach, Francois Hebert. info@whistlersailing.com Phone: 1 604 229-2291

PHYSICAL FITNESS INFORMATION FORM

NOTE: This form must be filled out by the parent/guardian of the participant. It is the parent/guardian's responsibility to update the club of any changes in their child's medical condition throughout the sailing season and/or program.

Medical Information:

Participant's Name: _____.

Does the participant have any allergies? Yes No (If yes, please specify):
_____.

Has participant any conditions or illness, which might limit activities?
Yes No (If yes, specify):
_____.

Does Participant have any psychological limitations? (e.g. fear of heights, water, etc.)
Yes /No (If yes, please explain):_____.

Are there any other conditions that the instructing staff should be aware of?
(If yes, please explain):_____.

Parent/Guardian's Name (please print)
_____.

Signature: _____.

Date (dd/month/yyyy): ____/____/____

(All information collected will be kept in strict confidence)