



# CONESTOGA SAILING SCHOOL

P.O. Box 38077  
256 King Street North  
Waterloo, ON N2J 4T9

URL: [www.kwsailing.org](http://www.kwsailing.org)  
E: [information@kwsailing.org](mailto:information@kwsailing.org)  
P#: 519-638-5241

## Adult Registration Form 2009

First Name	<input type="text"/>	Last Name	<input type="text"/>
Birth Date	<input type="text" value="MMDDYYYY"/>	Phone #	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	Postal Code	<input type="text"/>
E-Mail	<input type="text"/>		

Pervious **C.Y.A.** Level Attained       None       Level I       Level II       Level III       Level IV

<b>Session(s)</b>	All Saturdays: 9:30am - 4:00pm	All weeknights: 6:00pm - 9:00pm
<input type="checkbox"/> Adult 1 - \$250.00 June: 8,10,15, 17,22,24	<input type="checkbox"/> Adult 2 - \$250.00 June: 9, 11, 16, 18, 23, 25	<input type="checkbox"/> Adult 3 - \$250.00 June: 13, 20, 27
	<input type="checkbox"/> Adult 4 - \$250.00 July: 6, 8, 13, 15 20, 22	<input type="checkbox"/> Adult 5 - \$250.00 July: 21,23, 25, 28, 30
		Session Total <input type="text"/>

<b>Handbook</b> \$25.00	<input type="checkbox"/> Basic sailing skills Level I, II, III	<input type="checkbox"/> Advanced sailing skills Level VI, V
<input type="checkbox"/> None (\$0)		

Handbook

Tax Deductible Donation (Donations over \$20 are eligible for a tax receipt.)

Donation

[Make cheque payable to Conestoga Sailing School] **Total Amount Due \$**

I would prefer my receipt sent:  Letter Mail  
 E-Mail

Mail Completed Forms To: Conestoga Sailing School  
P.O. Box 38077  
256 King St. North Waterloo  
N2J 4T9

### Please be sure you have:

- Signed the Medical Consent Form +Return
- Signed the Agreement and Indemnifying Release +Return
- Entered the correct amount on your cheque and registration form
- Included all emergency contact information
- Payment made to [Conestoga Sailing School]
- Post dated cheques are not accepted

Questions e-mail the registrar [registration@kwsailing.org](mailto:registration@kwsailing.org)

A full refund(less 50 dollar administration fee) will be issued if notice of cancellation is received more than 2 weeks prior to the session start date.No refund will be issued if notice of cancellation is received within two weeks of the session start date



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## Adult Medical Consent Form [return this with registration]

I \_\_\_\_\_ (name of participant 18+) hereby give authorization to the Sailing School, to sign the consent form for any necessary medical examination and/or treatment for my son/daughter. I understand that an effort will be made to contact me prior to giving consent, but that this authorization is necessary in case of emergency.

### Allergies, Medications and Conditions

### Emergency Contact Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Relationship to participant	<input type="text"/>		
Phone # 1	<input type="text"/>	Phone # 2	<input type="text"/>

### Doctor Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Phone # 1	<input type="text"/>		
Address	<input type="text"/>		

Name [Print]

Signature

Date



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## Conestoga Sailing Club

### AGREEMENT AND INDEMNIFYING RELEASE

I agree in consideration of me being permitted to participate in the Conestoga Sailing Club (hereinafter referred to as "the club"):

- a) To assume all risks arising out of, associated with or related to my participating in sailing, racing, Club activities, faulty equipment and facilities, inadequate supervision, weather information, and safety personnel during races notwithstanding that the same may have been caused or contributed to by the negligence of the Club or its breach of the duty of care prescribed by the Occupiers' Liability Act, R.S.O., 1990 and under the Negligence Act, R.S.O., 1990;
- b) To be solely responsible for any loss or damage I sustain, including loss or damage caused by the injury to my person or property or by my death howsoever caused and notwithstanding that the same may have been caused or contributed to by the negligence of the Club or its breach of duty of care prescribed by the Occupiers Liability Act, R.S.O., 1990 and the Negligence Act R.S.O., 1990;
- c) To save harmless, defend, indemnify, waive and release the Club from and against all manner of civil liability, actions, causes of action, debts, claims, demands, general damages, special damages, sums of money, dues, costs or expenses in respect of death, injury loss or damage to any person (including my person), my guests or property of any kind caused in any manner whatsoever, including the negligence of the Club or its breach of the duty of care prescribed by The Occupiers' Liability Act, R.S.O., 1990 arising out of, associated with or related to my participation in the Conestoga Sailing Club or the Conestoga Sailing School;
- d) Not to make any claim or take any proceeding against any other person, firm, company, entity or the Crown which may have the effect of, or where there might arise any claims against the Club for contribution or indemnity under the provisions of the Negligence Act, R.S.O., 1990, or otherwise;
- e) To have all safety equipment on any sail boat/powerboats required by law and to wear life jackets/personal flotation devices to minimize risk of injury/death.
- f) To supervise my guests to ensure their safety and be solely responsible for their conduct and any loss of life, personal injuries and damage to property caused to and by my guests.
- g) To save harmless, defend, indemnify, waive and release the Club their agents, officials, directors, employees, servants or representatives from and against all manner of civil liability, actions, causes of action, debts, claims, demands, general damages, special damages, sums of money, dues, costs or expenses in respect of death, injury loss or damage to any person (including my person), my guest or property of any kind caused in any manner whatsoever under the Canada Shipping Act, 2001, the Marine Liability Act, 2001 and any other Federal and Provincial statute existing now, as amended in the future or successor legislation.
- h) I agree that core contact information will be shared with Ontario Sailing and the Canadian Yachting Association (CYA) and Governments that require statistical information for funding purposes. Our club/school, Ontario Sailing or CYA will not sell, lease, rent or use this contact information for any commercial purposes. Those who become Training Members through the Learn To Sail Program will NOT receive any promotional material from any of Ontario Sailing's sponsors/partners. This will supersede section 3.3(O) of the Ontario Sailing Privacy Policy.

I acknowledge that I have read the above Agreement and Indemnifying Release, that I accept the above agreement and release, that I have executed the same freely and voluntarily without compulsion on any part by the Club, that I am at least 18 years of age or I am the parent/guardian of the person listed below who is less than 18 years old and on behalf of the Participant, and that this Agreement and Indemnifying Release is to be binding upon myself, my heirs, executors, administrators and assigns. I acknowledge I have the right to obtain independent legal advice regarding this document and I waive this right. I am aware I am giving up my right to bring a court action to recover compensation, damages, loss of income, from injuries or death or loss of property resulting from my participation in the club.

<b>Name [Print]</b>	<b>Signature</b>	<b>Date</b>
<b>Club Representative [Office Use]</b>		<b>Date</b>