



Saint Croix Sailing School Registration Form

Student Name	Birth Date	Height	Weight
Address	City	State	Zip
Email			
School Attending	Grade Completed (as of 6/2010)		
Mother's Name	Work Phone	Mobile Phone	
Father's Name	Work Phone	Mobile Phone	
Emergency Contact	Work Phone	Mobile Phone	

2010 Schedule (Available Sessions)

Session 1 6/14 – 6/18 \$195	Session 2 6/21 – 6/25 \$195	Race Clinic 6/28 – 7/9 \$395	Session 3 7/12 – 7/16 \$195	Session 4 7/19 – 7/23 \$195	Session 5 7/26 – 7/30 \$195	Session 6 8/2 – 8/6 \$195	Session 7 8/9 – 8/13 \$195
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We encourage students to register for multiple weeks. We reserve the right to move students to the most appropriate boat and level. All classes run Mon. – Fri., 9:00AM – 3:30 PM

Register

Session: <input type="text"/>	Boat: <input type="checkbox"/> Opti <input type="checkbox"/> 420	Level: <input type="checkbox"/> Intro <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Fee: \$ <input type="text"/>
Session: <input type="text"/>	Boat: <input type="checkbox"/> Opti <input type="checkbox"/> 420	Level: <input type="checkbox"/> Intro <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Fee: \$ <input type="text"/>
Session: <input type="text"/>	Boat: <input type="checkbox"/> Opti <input type="checkbox"/> 420	Level: <input type="checkbox"/> Intro <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Fee: \$ <input type="text"/>

Total Class Fees:	\$ <input type="text"/>
Optional Contribution to Boat Equipment Fund:	\$ <input type="text"/>
Optional Contribution to Scholarship Fund:	\$ <input type="text"/>
Total Enclosed:	\$ <input type="text"/>

I have read and agree to the terms of the waiver (see attached form).

Signature	Date
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Please complete this application for each student and mail with payment to:
 SCSS Inc., PO BOX 732, Hudson, WI 54016



Saint Croix Sailing School

REQUIRED WAIVER AND EMERGENCY TREATMENT AUTHORIZATION FORM

EMERGENCY TREATMENT AUTHORIZATION

I/We the undersigned parent, parents, or legal guardian of a minor, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the Dental Practice Act and on the staff of any acute general hospital from the States of Minnesota or Wisconsin Departments of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

RELEASE

The undersigned parent/guardian recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to induce the Saint Croix Sailing School to accept his/her child into the Saint Croix Sailing School, the undersigned parent/guardian covenants and agrees to hold harmless and indemnify the Saint Croix Sailing School, its officers, directors, employees, and agents from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury to a person or damage to any property arising out of or in any way connected with the operation of the Saint Croix Sailing School or any activities on or the use of any facilities or equipment of the Saint Croix Sailing School.

CERTIFICATION OF SWIMMING SKILLS

I/We the undersigned parent, parents, or legal guardian, do hereby certify the child enrolled can swim unaided for 50 yards and tread water for one minute. All students will be required to pass a swimming test with life jacket on.

PARENTAL AGREEMENT

I/We understand that I/we are responsible for our child's or grandchild's behavior and conduct while at the Saint Croix Sailing School and will see to it that our child adheres to the program rules. I/We agree to assume the obligation for expenses of repair and/or replacement of program equipment that is attributed to our child's reckless or irresponsible behavior and the expense of medical care if your child is injured. I/We agree to make an appointment for a parent/instructor conference if requested.