



# SYC Adult Sailing Program Application 2011



Please fill out a separate application for each person. Payment may be combined. Sessions will be filled on a first come/first served basis. Open to ages 16+. Class size: Maximum - 5, Minimum - 2.

Please print clearly.

Name (Student) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about the Sailing Program? \_\_\_\_\_



\_\_\_\_\_ **SPRING MOTHERS & OTHERS** May 31-June 15 (9:00 AM - 11:00 AM)

Orientation:	May 31 – June 3:	Pick one day	_____
Sailing days:	June 6 – June 15	Pick 4 days	_____

\_\_\_\_\_ **SUMMER EVENING ADULT LEARN TO SAIL** June 19 - July 27

Sunday Orientation (3:00 PM - 5:00 PM) Select 1: June 19                      June 26                      July 10

July 17  
Tuesdays &, Wednesdays  
Sailing days: (6:00 PM - 8:00 PM) Mondays,

Select 4 dates \_\_\_\_\_

\_\_\_\_\_ **FALL MOTHERS & OTHERS** Sept. 6 – Sept. 23 (9:00 AM - 11:00 AM)

Orientation	Sept 6 – Sept 9	Pick one day	_____
Sailing days	Sept. 12 – Sept 23	Pick 4 days	_____

**(RACING CLASSES OFFERED UPON REQUEST)**

You may be asked to change days when there are not at least 2 people signed up for that particular day.



**Program Fee**

\$220.00\* Adult *Learn to Sail*

\$220.00\* Mothers & Others

\*\$40 /day for additional days

**Payment**

Total enclosed \$ \_\_\_\_\_

Please make check payable to:  
**Sherborn Yacht Club, Inc.**

**Liability Release:**

I hereby assume all risk and hazards incidental to participation in any and all SYC activities during the current season. I hereby waive, release, absolve, indemnify and agree to hold harmless the Sherborn Yacht Club, its directors, officers, agents, servants and participants from all liability of any sort for any accident or injury sustained by me or my child while participating in your program. I understand payment is not refundable.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian if student is a minor)

Mail Application to: **SYC c/o Deb Barnet ● 226 Webster Street ● Needham, MA 02494**