



## Traverse Area Community Sailing Registration Form - 2009

### Sailor Information

Full name	
Nickname	
Student E-mail address	
Birthday (MM/DD/YYYY)	
School	
Skill Level	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

### Parent Information

Parent's Name(s)	
Address	
City, State Zip	
Home Phone	
Cell Phone	
Business Phone	
E-mail address	

### Camps and Costs

Session	Session Dates	Cost	Total
Sailing Camp 1	June 15-26	Half Day \$170 / Full Day \$320	
Sailing Camp 2	July 6-July17	Half Day \$170 / Full Day \$320	
Sailing Camp 3	July 20-July 31	Half Day \$170 / Full Day \$320	
Sailing Camp 4	Aug 3-Aug 14	Half Day \$170 / Full Day \$320	
Holiday Week Camp	June 29 – July 2	Full Day (4 days) \$170	
Advanced Sailing	June 15-26	Full Day \$320	
High School Race Camp	Aug 17 - Aug 21	Full Day \$170	
<b>Please Circle The Desired Class</b>		<b>AM    PM    Full Day</b>	
Adult Learn To Sail	#1 #2 #3 #4		\$250
Student Season Pass			\$60
Adult Season Pass			\$85
Family Season Pass			\$135
TACS Racing Team			\$60
Deductible TACS Donation			
			<b>Total</b>

### Authorization

Traverse Area Community Sailing, the City of Traverse City and any other associated groups, their officers, members or associates., appointed or volunteer, do not accept any liability for loss of life or property, personal injury or damage caused or rising out of any activity engaged in during the Summer Sailing Camps for any reason whatsoever. By Participating in this sailing program, I as parent or legal guardian of the above named sailor am knowledgeable of the inherent risk in the sport of sailing. I grant my child permission to engage in these activities with full knowledge that there is an element of danger involved. I also agree to assume the risks for myself and my child and agree to hold Traverse Area Community sailing and its officers, employees and volunteers harmless and free of any liability for damage or injury my child may incur arising from these activities.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete the entire form, enclose payment information and mail back to TACS at the address below. Please enclose check and indicate number on registration form. Request for refund must be made in writing, 30 days prior to the start of each session. A 15% handling fee will be charged.

**Traverse Area Community Sailing**  
 PO Box 4149 Traverse City, MI 49684  
 231-922-5922