



Traverse Area Community Sailing Registration Form - 2010

Sailor Information

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

Parent Information

| | |
|-----------------------|--|
| Parent's Name(s) | |
| Address | |
| City, State Zip | |
| Day Phone | |
| Evening Phone | |
| Cell Phone | |
| Parent E-mail Address | |

Camps and Costs

| Session | Session Dates | Cost | Total |
|--|-------------------|---------------------------------|-------|
| Sailing Camp 1 (2 Week) | June 21- July 2 | Half Day \$170 / Full Day \$320 | |
| Sailing Camp 2 (1 Week) | July 5-July 9 | Full Day \$170 | |
| Sailing Camp 3 (2 Week) | July 12-July 23 | Half Day \$170 / Full Day \$320 | |
| Sailing Camp 4 (1 Week) | July 26 – July 30 | Full Day \$170 | |
| Sailing Camp 5 (2 Week) | Aug 2 – Aug 13 | Half Day \$170 / Full Day \$320 | |
| Sailing Camp 6 (1 Week) | Aug 16 - Aug 20 | Full Day \$170 | |
| Advanced Sailing #1 (2 week, Full Day) | June 21- July 2 | Full Day \$320 | |
| Advanced Sailing #2 (1 week, Full Day) | Aug 16 - Aug 20 | Full Day \$170 | |
| Please Circle The Desired Class | | AM PM Full Day | |
| Adult Learn To Sail | #1 #2 #3 #4 #5 | | \$250 |
| Student Season Pass | | | \$60 |
| Adult Season Pass | | | \$85 |
| Family Season Pass | | | \$135 |
| TACS Racing Team | | | \$60 |
| Deductible TACS Donation | | | |
| | | Total | |

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.

I hereby give Traverse Area Community Sailing the irrevocable right to use my picture or photography in all forms and media and in all manners, including composite or manipulated representations, for advertising, promotion, or any other lawful purposes, and I waive any right to inspect or approve the finished version(s) including written copy that may be created and appear in connection therewith.

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