



THE ROYAL BERMUDA YACHT CLUB
2011 ADULT LEARN TO SAIL COURSES

Participant's Name:

Mailing Address:

E-mail:

Work phone:Home phone: Cell phone:

Date of Birth: Male: Female:Weight:

Please advise of any physical conditions and/or restrictions: (i.e. chronic ailments, allergies, fears, etc.)
.....

Please list all current medications:

Family Physician: Phone

Family Dentist: Phone

Health Insurance Carrier: Policy #

Name & phone number in case of emergency:

Course Dates: (tick course/s required)

Course 1 - Tuesday evenings x 5 sessions - 6:00 – 8:30 pm – April 12, 19 & 26, May 10 & 17 _____

Course 2 - Saturday afternoons x 5 sessions - 1:00 – 4:30 pm – April 23 & 30, May 7, 14, 21 _____

Course 3 - Tuesday evenings x 5 sessions - 6:00 – 8:30 pm – May 31, June 7, 14, 21 & 28 _____

Course 4 - Saturday afternoons x 5 sessions - 1:00 – 4:30 pm – June 4, 11, 18, 25, July 2 _____

(Adult Learn to Sail students will progress towards attaining BSA Levels 1 & 2)

Course Fees: **Courses must be paid for in advance – no refunds will be given for missed sessions.**

Courses 1 & 3 Tuesday evenings: RBYC Members _____ \$350 / Non-Members _____ \$400

Courses 2 & 4 Saturday afternoons: RBYC Members _____ \$450 / Non-Members _____ \$525

Please send cheque with application or provide membership or credit card information below (VISA or MasterCard) to the RBYC Sailing Office: Tel: 294-6716 Fax: 295-6361 or email: sailingoffice@rbyc.bm

Name on Card (Please print) RBYC A/C #

Number on card..... Expiry Date.....

Signature:..... Date:

I, the undersigned, understand that the RBYC, including its Officers, employees and members, do not accept any responsibility for accidents incurred in connection with this programme and waive any and all claims as may occur. I also understand that the RBYC, including its Officers, employees and members, are not responsible for any non-attended item left at the Club. Also I undertake to pay any and all fees owing for the programme and any collection fees that may occur due to the non-payment of monies owed.

Signature..... **Date:**