



## LAKE EUSTIS YOUTH SAILING FOUNDATION, INC.

REGISTRATION FORM

**JUNIOR SAILING BEGINNERS COURSE, starting on March 27, 2010**  
**JUNIOR SAILING BEGINNERS COURSE, starting on August 28, 2010**  
**(PLEASE CIRCLE DATE OF YOUR CHOICE)**

**Time: Saturday afternoons, 1 pm-4 pm**

**The complete course is conducted on 10 consecutive Saturday afternoons.**

**Fee is \$150 for complete course.**

Applicant's Name: \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Mobile phone: \_\_\_\_\_ E Mail \_\_\_\_\_

Previous sailing experience \_\_\_\_\_

Please list any medical conditions that the coach should know about: \_\_\_\_\_

Waiver of Liability or Release: I do for myself, my executors or administrators, heirs and assigns, waive any and all claims as may accrue for me or them against the Lake Eustis Sailing Club, Inc. and the Lake Eustis Youth Sailing Foundation Inc. its Officers, Directors and Sailing Instructors, arising from my and or my family's participation in any and all club activities with any of the club's boat(s) or my family's boat(s) in any or all of the sailing and sailing instruction and any related activities. By consenting to the participation of their child(ren) in sailing related activities, parents/guardians/care givers also consent, agree and understand that their child's snapshot (likeness) may be used, without compensation, in normal, public promotion of the Lake Eustis Youth Sailing Foundation and the Lake Eustis Sailing Club activities. These activities may include print, video, audio and film and may appear in media, direct mail and other club promotions. LEYSF and LESC agree to avoid any use of images of the sailors in merchandising or other more commercially oriented purposes without prior discussion of, and agreement to, the ramifications of said purposes with parents/guardians/caregivers in question. If a participant is under the age of 18, a parent or legal guardian shall be required to sign this waiver of liability or release:

Signed by Parent \_\_\_\_\_ Date \_\_\_\_\_

Parent's name \_\_\_\_\_

Return form and payment to: Leah Ladley, 37918 C.R. 44A North, Eustis, FL 32736