



Adult Registrant Information

Please print clearly!

Name _____

Address: _____

Phone Numbers - Home: _____ Work: _____ Cell: _____

E-mail Address: _____

Previous sailing experience: _____

Class you would like to attend: _____ Dates of that class: _____

Family Doctor: _____ Phone: _____

Date of last physical exam: _____

Medications: _____

Are you able to swim for 50 yards with a life jacket? Please circle one: Yes No

Physical limitations: _____

Persons to contact in case of emergency:

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

Your Hopes and Expectations for this experience: _____

I voluntarily assume the risk of participation in this class and release the Rock Hall Yacht Club, the Rock Hall Yacht Club Sailing School, and the people conducting the class, from all liability in connection with any injury or damage that may occur. Additionally, I agree to hold harmless and indemnify the Rock Hall Yacht Club and the Rock Hall Yacht Club Sailing School, their directors, officers, employees and members in the event of any such injury or damage.

Signature: _____ Date: _____

Note 1: Please make checks payable to RHYC Sailing School.

*Note 2: Signed forms with payment may be mailed to:
Rock Hall Yacht Club Sailing School
P.O. Box 441
Chestertown, MD 21620*

Note 3: Questions can be referred to the RHYC Sailing School Director Chuck Parry at 410-778-4560