

Summer Teen Sailing Camps 2008

5-Day Camp - July 7,8,9,10,11. 2008 Mon- Fri.
\$295.00+GST. Lunch included, provided by Good News Café

Camper Name (PLEASE PRINT) _____

Parent/Guardian Name (PLEASE PRINT) _____

Address _____ **City** _____

Postal Code _____

Telephone Number Home (____) _____ Work (____) _____

E-Mail _____ **Emergency contact #** _____

Birth Date (MM/DD/YY) ____/____/____ **Height** ____ **Weight** ____ (for life jacket sizing)

Medical conditions or food allergy. _____

Ontario Health Card # _____ (if not kept on person)

Sailing Experience? NO: ____ YES: ____ Year _____ Level achieved _____

Are you interested in taking the PCOC boating operators card test at the end of this camp?

YES ____ NO ____ (\$20.00. test fee)

We will work with you throughout the camp to make sure you are ready for test on the final day.

Contract of Camp Application: I recognize that there are dangers inherent in the sport of Sailing, and agree to assume all risks related to my child's participation. I release, waive, discharge and covenant not to sue Sail Superior.com, Sleeping Giant Sailing School, its staff, owners, employees, and agents from any and all claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to my child, while participating in this camp, or while in, on or upon the premises where the camp is being conducted. *By signing below I acknowledge that I have read, understand and accept the above contractual agreements.

Parent/Guardian Signature _____ **Date** ____/____/____

Applicant's Signature _____ **Date** ____/____/____

A NON-REFUNDABLE \$100 deposit is due with your application

Payment Method: Check or Cash Check - Amount _____ Check # _____

I would like confirmation materials via:

(PLEASE CIRCLE). Mail Internet/email