

**2016 Application
Oak Harbor Youth Sailing Program**

Please print

Student

Name _____ Nickname _____

Date of Birth _____ Age at time of class _____

New Student _____ Returning Student _____

Previous Sailing experience _____

Parent Names _____

Email Address/Parent _____ Student _____

Permanent Mailing Address _____

Telephone _____ Summer Telephone _____

Summer Address _____

Please note the mode of transportation your child will be using to attend the Oak Harbor Youth Sailing Program:

_____ Parent Transportation _____ Walker _____ Biker

If traveling with another parent, or anyone other than parent, please list their name:

A completed application must include:

This Registration Form completed

\$185/Beginning; \$150/Int/Adv

Signed Medical Form

Signed Participation Agreement

Signed Waiver Form

Signed Rules & Expected Behavior

Signed Media/Photo Release

Signed Emergency Treatment Form

___ Session 1 – Beg – June 22,23,27,28,29

___ Session 2 – Beg – July 18-22

___ Session 3 – Beg – July 25-29

___ Session 4 – Int/Opti June 27-July 1

___ Session 5 - Int/Opti July 18 - 22

___ Session 6 - Adv July 25-29

Beginning classes meet 10:30 AM - 4:00 PM; Int and Adv meet from 5:00 - 8:00 PM

If not registering on March 22, return application, payment, signed forms to:

Oak Harbor Youth Sailing

P. O. Box 2876

Oak Harbor, Washington 98277

Cancellation policy: if you withdraw your child from the class more than 30 days prior to the start of the class, all but 20% of the class fee will be returned to you. If you withdraw your child within 30 days of the start of the class, the entire class fee will be forfeited.

_____ Parent, please initial that you have read, understand and agree to this policy.