

## 2012 GPSS Participant Registration Form

Name of Participant: \_\_\_\_\_

Name of Parent or Guardian (youth): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal: \_\_\_\_\_

Phone (H): ( ) \_\_\_\_\_ Phone (W): ( ) \_\_\_\_\_ ext: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Are there any medical, learning or behavioural conditions of which we should be aware (including insect, food and medical allergies)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Previous Sailing Level Achieved \_\_\_\_\_

Sessions	Fee Per Session	X" to select sessions	Fees
Session 1: July 2 to July 6	\$250		
Session 2: July 9 to July 13	\$250		
Session 3: July 16 to July 20	\$250		
Session 4: July 23 to July 27	\$250		
Session 5: July 30 to August 3	\$250		
Session 6: August 6 to August 10	\$250		
Session 7: August 13 to August 17.	\$250		
Session 8: August 20 to August 24.	\$250		
One Time Ontario Sailing Fee	\$20		\$20
Total Due			\$ _____

### Waiver

I understand that it is a condition of my participating in this program that I do so at my own risk. Therefore in consideration of my acceptance of entry into this program, I agree to save harmless and keep indemnified Gloucester Pool Sailing School, the host club or organization, the Canadian Yachting Association, the organizers and their respective agents, officials, servants and representatives from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my taking part in this program, not withstanding that the same may have been contributed to or caused or occasioned by the negligence of the same bodies, or any of them, or their agents officials, servants or representatives. I further understand and agree that this release is binding upon myself, my heirs, executors and assigns. I understand that photographs and/or videos taken of program participants and staff may be used for promotional purposes and I hereby consent to such by Gloucester Pool Sailing School. I have read and understand Gloucester Pool Sailing School's **Privacy Policy**.

Participants Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Parent or Guardian if participant is under 18 years of age)

Please send the completed form and payment to GPSS - 26 Didrickson Drive, Toronto Ontario, M2P 1J6  
 Cheques should be made out to "Gloucester Pool Sailing School"

**For more information contact: Charlotte Thompson at [gpsailingschool@gmail.com](mailto:gpsailingschool@gmail.com)**