



STUDENT REGISTRATION

Date: _____

Class Date(s): _____

CONTACT INFORMATION

Name		Birth Date	
Address			
City		State	Zip
Primary Phone #		Secondary Phone #	
Email Address			
Referred by		Occupation	

TUITION

Item	Selected Course(s)	Total Due:	Less	Amount Paid:	Date	Amount Due	Date Due
☐	Basic Sailing Course ASA (101)			\$ ☐ CC ☐ CK ☐ CS	/ /	\$ ☐ CC ☐ CK ☐ CS	/ /
☐	Basic Coastal Cruising ASA (103)			\$ ☐ CC ☐ CK ☐ CS	/ /	\$ ☐ CC ☐ CK ☐ CS	/ /
☐	Bareboat Cruising ASA (104)			\$ ☐ CC ☐ CK ☐ CS	/ /	\$ ☐ CC ☐ CK ☐ CS	/ /
☐	Sailing Fundamentals ASA (101/103)			\$ ☐ CC ☐ CK ☐ CS	/ /	\$ ☐ CC ☐ CK ☐ CS	/ /
☐	Chartering Fundamentals ASA (103/104)			\$ ☐ CC ☐ CK ☐ CS	/ /	\$ ☐ CC ☐ CK ☐ CS	/ /
☐	Coastal Navigation ASA (105)			\$ ☐ CC ☐ CK ☐ CS	/ /	\$ ☐ CC ☐ CK ☐ CS	/ /
☐	ASA (101) Challenge			\$ ☐ CC ☐ CK ☐ CS	/ /	\$ ☐ CC ☐ CK ☐ CS	/ /
☐	Basic Sailing Lessons			\$ ☐ CC ☐ CK ☐ CS	/ /	\$ ☐ CC ☐ CK ☐ CS	/ /
☐	Skipper & Crew Course			\$ ☐ CC ☐ CK ☐ CS	/ /	\$ ☐ CC ☐ CK ☐ CS	/ /
☐	Docking Endorsement			\$ ☐ CC ☐ CK ☐ CS	/ /	\$ ☐ CC ☐ CK ☐ CS	/ /
☐	Learn To Crew Course			\$ ☐ CC ☐ CK ☐ CS	/ /	\$ ☐ CC ☐ CK ☐ CS	/ /
☐	Custom Lessons	\$95/hr.		\$ ☐ CC ☐ CK ☐ CS	/ /	\$ ☐ CC ☐ CK ☐ CS	/ /
☐	Shipping / CC fee 3%			\$ ☐ CC ☐ CK ☐ CS	/ /	\$ ☐ CC ☐ CK ☐ CS	/ /

Cancellation/Refund Policy:

By initialing below, I convey my understanding that Tuition monies paid are non-refundable. If circumstances beyond **U-SAIL** of Central Florida's control result in loss of training, a credit applicable to a future **U-SAIL** of Central Florida program will be awarded within one year.

X _____ (initial)

Course Information:

Can you swim approximately 50 yards, using any stroke, in sailing clothing and boat shoes?
Yes____ No____ Not Sure____

Please list any formal training you have had in boating, sailing, or flying, such as
*Coast Guard Auxiliary, Power Squadron, Red Cross, Private Instruction, Commercial Pilots License,
Merchant Marine Captain, Mate, Deck Hand, etc.*

Please tell us briefly about any experience you have had sailing or boating:

What personal goals do you hope to achieve by taking this course?

This form must be signed and turned in no later than the *first day of course*. Life Jackets are required per the American Sailing Association. We **highly** recommend that you bring your own life jacket, or we will provide a life jacket that is Coast Guard approved. Proper footwear will be worn at all times, both on land and on the water. Other recommended supplies: a lined notebook for note taking, two pencils, bottled water, and a highlighter. You may bring your lunch or purchase lunch at local restaurant. You are responsible for your own well-being. Please advise us of any special requirements.

I understand and agree that in entering this sailing course I will obey all program rules as set forth by the program director and the instructors, that I will use utmost care in the use of the boats and equipment, and that I will not engage in any horseplay or other disruptive behavior. I understand that failure to attend regularly, arrive promptly, abide by the rules may result in my suspension from the program.

I agree to:

1. Participate in the learning process to the best of my ability.
2. Ask questions to gain clarity of any concept that I am unclear about or do not understand.
3. Support my fellow students in learning to the best of my ability.
4. Adhere to the rules of U-SAIL of Central Florida and the applicable laws of the government during my participation in the educational programs and activities of U-SAIL.
5. Pay the applicable fees and deposits required to participate in the educational programs and activities of the U-SAIL.
6. Not transfer the registration for education activities to another party.
7. Abide by all local, state, and federal rules and regulations governing the operation and care of vessels owned, chartered, or being used by the U-SAIL.
8. Cooperate, be attentive, and learn to the best of my ability.

MEDICAL INFORMATION

The following information is optional but highly recommended should medical personnel be requested on your behalf.

Who should be notified in case of emergency?

Name _____ Phone _____ Relation _____

Do you have a history of, or do you currently have, any physical limitations that might prevent you from fully participating in this course? ☐ Yes ☐ No

If **Yes**, please specify any physical limitation _____

Please check those that apply.

Chronic Ailments:

- ☐ Asthma, or other respiratory problems
- ☐ Circulatory or heart problems
- ☐ Diabetes or hypoglycemia
- ☐ Epilepsy
- ☐ Hemophilia, or other bleeding problems

Allergies:

- ☐ Insect bites
- ☐ Bee Stings
- ☐ Foods
- ☐ Drugs
- ☐ Others, if significant

Current medications or pertinent information _____

Blood type _____ Last physical exam ____/____/____ Last tetanus shot ____/____/____
Date Date

Family physician _____ Phone _____

Medical records location? _____

Insu. Carrier _____ ID # _____

I, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the Education Law and/or Public Health Law of the State of Florida, and on the staff of any hospital holding a current operating certificate issued by the Department of Health of the State of diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem treatment to the patient, but that any of the above treatment will not be withheld if any of these people cannot be reached.

X _____ (initial)

RELEASE AND WAIVER

By initialing below, I hereby authorize U-SAIL of Central Florida to use, reproduce, and/or publish photographs and/or video that may pertain to me— including my image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, or for other related endeavors. This material may also appear on U-SAIL's Internet Web Page and/or Facebook page. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, U-SAIL may publish materials, use my name, photograph, and/or make reference to me in any appropriate manner in order to promote/publicize sailing/boating opportunities. **X** _____(initial)

The undersigned agrees to at all times indemnify, save and hold harmless **U-SAIL** of Central Florida, LLC and its officers, agents, employees and contractors from and on account of any claims, damages, losses, litigation, expenses, counsel fees, and compensation arising out of any claims, damages, personal injuries, property losses and/or economic and non-economic damages sustained by or alleged to have been sustained by any person or entity, except when caused solely by the gross negligence or willful misconduct of **U-SAIL** of Central Florida, LLC.

Signature **X**_____ Date_____

Parent/Guardian Agreement (if student is a minor)

I/we understand the contents of this statement and agree to see to it that our child adheres to the program rules. I/we agree to assume the obligation for the expenses of repair and/or replacement of program equipment that is attributable to my child's reckless or irresponsible behavior. I/we agree to make an appointment for a parent-instructor conference if requested.

Parent/Guardian's Name (please print)_____

Parent/Guardian's Signature_____ Date_____

Minor student signature

Date

Instructor record (instructor to complete): COURSE COMPLETED Y / N

Signature **X**_____ Date_____

Weather: _____ Boat: _____

Notes: _____