



PYC LEARN TO SAIL REGISTRATION FORM

***THIS FORM MUST BE PRINTED & BROUGHT TO THE FIRST CLASS
SIGNED BY PARENT IN ORDER TO PARTICIPATE***

Learn to Sail Program: _____ Dates: _____

Participants Name: _____ Age if Under 18: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Cell Phone: _____ **Home Phone:** _____

Email: _____

DOB: _____ MB Health 9 digit #: _____

Doctor: _____ Phone Number: _____

Pertinent Medical Information: _____

Swimming Experience: _____

Boating Experience: _____

How did you find out about Learn to Sail? _____

Due to Covid-19, For students under 18, Parent/Attending Guardian/Emergency Contact must sign PYC Learn to Sail Waiver and Release Form and be available for pick up at short notice, as necessary. Students aged 8-10 must have a Parent/Attending Guardian on site for the duration of the program.

Parent/Guardian Name: _____ **Phone/Cell:** _____

Name of Attending Guardian/Emergency Contact who will be responsible for my child in my absence and available for pick up on short notice if called by Learn to Sail staff:

Attending Guardian/Emergency Contact Name: _____

Attending Guardian/Emergency Contact Phone/Cell: _____

Participant: _____ Signature: _____ Date: _____

Parent/Guardian: _____ Signature: _____ Date: _____

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