

2011 Tivoli Sailing School Registration

Instructions: Please fill in this form, print it and send it to **TSC** with your deposit and press the submit button.

**You must submit your information electronically.
Click the submit button at the top of the page.**

Full Name of student: _____

M/F _____ DOB _____ Fall 2011 Grade in School _____

Home Address _____

Mother's name _____ tel(H) _____ (W) _____

(cell) _____ email _____

Father's name _____ tel (H) _____ (W) _____

(cell) _____ email _____

Local Address (summer, if
different) _____ (tel) _____

Dates of Sailing School requested: _____

Drop off and Pick up: (Tivoli or Saugerties) _____

	Drop Off	Pick up
Tivoli	9:00 am	4:00 pm
Saugerties	8:30 am	4:30 pm

How did you hear of sailing camp _____

Any previous experience sailing. _____

Please list any allergies, medical or behavioral issues:

emergency contact and pick-up person (if parents cannot be reached)

Name _____ Tel _____

Name _____ Tel _____

TUITION - \$320 per child, per week.
Please enclose a check to Tivoli Sailing for half (50%) of the tuition.
Balance due on 1st day of sailing school.

SCHEDULE

Full Day 9 AM - 4 PM All sessions are full weeks and begin on a Monday (Please check)

- | | |
|--|--|
| <input type="checkbox"/> Week 1: June 27 to July 1 | <input type="checkbox"/> Week 6: August 1 - August 5 |
| <input type="checkbox"/> Week 2: July 4 - July 8 | <input type="checkbox"/> Week 7: August 8 - August 12 |
| <input type="checkbox"/> Week 3: July 11 - July 15 | <input type="checkbox"/> Week 8: August 15 - August 19 |
| <input type="checkbox"/> Week 4: July 18 - July 22 | <input type="checkbox"/> Week 9: August 22 - August 26 |
| <input type="checkbox"/> Week 5: July 25 - July 29 | <input type="checkbox"/> Week 10: August 29 - Sept 2 |

A 50% deposit is required with this registration form. The deposit is refundable up to January 15th. The balance is due on or before May 1st. Checks payable to **Tivoli Sailing**. A complete registration form send to: Tivoli Sailing, P.O. Box 603, Saugerties, NY 12477

I understand that no reduction of fees can be made for missed weeks or a student's absence for whatever reason.

I consent to my child's participation in all sponsored activities including trips as a part of the regular program.

I also give permission to include in their promotional material any photograph in which my child appears, either individually or in a group.

I understand that Tivoli Sailing Company will make every effort to protect and safeguard belongings of students. I will therefore not hold the Tivoli Sailing responsible for my child's equipment and belongings if damaged or lost by fire, or theft.

If an emergency arises and neither parent nor alternative person can be reached at once, I authorize Tivoli Sailing Company to take all measures that they consider necessary for the protection of the health and safety of my child, including hospitalization.

I release Tivoli Sailing Company and any individual instructor, counselor, administrator, employee or volunteer from any responsibility or liability for any injury or personal property damage incurred during the program.

This application has my full approval and consent.

Date _____

(Signature of Parent or Guardian)