

OFFICE:
Date Paid: _____
Date Paid: _____
Paid Other _____

Disabled Sailing Association Registration Form 2008

Disabled Sailing Association
4220 Hobson Road, Kelowna, BC V1W 1Y3
Phone 250-764-2203 Fax 250-764-5162
Website www.cosa.bc.ca/dsa Email cosa@okanagan.net

OFFICE:
Course # _____
Instr. _____
Paid Chq _____
Paid Cash _____
Paid Other _____

Last Name: _____ First Name: _____ Age: _____
Address: _____ Postal: _____
Parent's Name: _____ Phone No. _____
Alternate/Emergency Contact: _____ Phone No. _____
E-mail: _____ Care Card: _____
Medical Problems (confidential): _____
Previous Experience/CYA Level: _____ Swimming Ability: _____

RELEASE

*In consideration of acceptance of this application or my being able to take part in this course, I agree to save harmless and keep indemnified the Disabled Sailing Association, its 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 course notwithstanding that the same may have been contributed to or caused or occasioned by the negligence of the same bodies, or any of hem, or their agents, officials, servants, or representatives. I further understand that this release is binding upon myself, my heirs, executors, and assigns. I understand that in signing this document I am giving permission to COSA, to obtain and keep on file personal information that I have provided, and to use this information in manner suitable for evaluation and contact purposes. I also agree to allow any photos or other media related items to be used for promotion purposes. **I have read the above release and agree to abide by those conditions.***

Student Signature _____ Date _____ Parent/Guardian _____

TEAR OFF PORTION BELOW AND KEEP FOR YOUR REFERENCE

FOR COMMENTS AND/OR SUGGESTIONS:
DISABLED SAILING ASSOCIATION, OKANAGAN BRANCH.

Email: hvl@telus.net

Phone: 860-7990 or 717-0315

COSA Membership: \$75.00	DSA Membership: \$15.00	Cost Per Sail: \$12.00
	'Drop-in' (w/o Membership) \$25 Per Sail	

D.S.A. Policies

- Lessons will run in all weather conditions.
- If you aware that you may not be able to make an appointment (including illness), 24 hour notice is needed to avoid charges.
- On days where weather prevents sailing, ashore classes will be conducted (if appropriate).
- All costs must be covered prior to sailing.
- After ten sails, the eleventh the free!