



SEAS Bergen Chapter
PO Box 573 Fair Lawn, NJ 07410-0573
862-926-0124

KEELBOAT PRACTICE SAILING – REGISTRATION

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

e-Mail: _____@_____

Day Phone: _____ Eve Phone: _____ Cell: _____

I wish to attend the sail conducted on (____ / ____ / ____) ____

I learned about this class : _____

Prerequisite – The candidate has had Basic Sailing training and basic boating experience.

I, being over 18 years old and voluntarily participating in sailing activities and/or courses, realize and accept that this sport has some inherent potential dangers and do hereby release and hold harmless the Society for the Education of American Sailors, Inc., Bergen SEAS, its parent, sister corporations, and subsidiaries and each of its members, instructors, aides or any individual, corporation, or government agency whose facilities or equipment are used in the conduct of SEAS activities, from liability to me, my heirs, and assigns, or any injury or damage caused by any action or omission including negligence on the part of the aforementioned. I acknowledge that I have voluntarily applied for a course of instruction in Keelboat Sailing from the Bergen Chapter of Seas. I understand that the class requires vigorous physical activity in swimming, moving boats, rigging, unrigging and actual sailing. I declare that I am in good physical condition and have no condition either physical or mental, which could impair my performance in the class or could be aggravated by my participation in class.

Student Signature Dated

Print this form, complete it and mail with check for \$150.00 payable to: SEAS - Bergen Chapter.
(If the class is starting within 10 days, please call the chapter hotline, and an Instructor will get back to you with specific directions).

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