



## Society for the Education of American Sailors

PO Box 573  
Fair Lawn, NJ 07410-0573  
(862) 926-0124  
[info@bergen.sailseas.com](mailto:info@bergen.sailseas.com)

### BASIC SAILING COURSE 2016 – REGISTRATION

*(Dates and Locations Subject to Change)*

**PLEASE SELECT ONE SET OF CLASS DATES FOR THE 2016 SEASON:**

___ June:	Classroom- June 7 / June 9 / June 14 / June 16	Water sessions– June 11 / June 25
___ July:	Classroom- July 5 / July 7 / July 12 / July 14	Water sessions– July 9 / July 16
	Classroom Sessions:	<i>Glen Rock NJ - Municipal Annex (classes start at 7:00 pm)</i>
	Water Sessions:	<i>Monksville Reservoir (Ringwood State Park)</i>

#### STUDENT INFORMATION:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

I learned about this class: \_\_\_\_\_

**Declaration of Health:** I acknowledge that I have applied voluntarily for a course of instruction in Basic Sailing from the Society for the Education of American Sailors (SEAS) – Bergen Chapter. 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 that I have no condition (either physical or mental), which could impair my performance in the class or could be aggravated by my participation in class.

**Release:** I, being over 18 years old, and participating voluntarily in sailing activities and/or courses, realize and accept that this sport has some inherent potential dangers. I do hereby release and hold harmless the Society for the Education of American Sailors, Inc., 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.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please print this form, complete it, and mail it to the address shown above, with a check for \$250, payable to:

SEAS - Bergen Chapter.

For any questions prior to the start of class, please email [info@bergen.sailseas.com](mailto:info@bergen.sailseas.com).