



CASTLE HARBOR BOATING SCHOOL

Matheson Hammock Marina ♦ 9610 Old Cutler Road ♦ Coral Gables, FL 33156

2011 SUMMER CAMP REGISTRATION

(Please print)

Sailor's Name: _____ Age: _____ DOB: _____

Street: _____

City: _____ State: _____ Zip: _____

Parent/Legal Guardian: _____

Street: _____

City: _____ State: _____ Zip: _____

Phones: home: (____) _____ work: (____) _____

cell: (____) _____ other: (____) _____

Email: _____

SAILING - \$295.00

Session 1: June 20 -24

Session 2: July 18 - 22

Session 3: August 1-5

POWERBOAT - \$395.00 + \$35 Gas

Session 1: June 13 -17

Session 2: June 27 - July 1

Session 3: July 11 - 15

Session 4: July 25 - 29

Can sailor swim 50 yds.? yes no

Will you need a Fed. Tax ID # ? yes no

50% due upon registration; balance due on the first day of camp

Cancellation/Refund Policy:

No refund of deposit after **21 days** prior to start date of camp.

Payment Method: Check (made out to: Castle Harbor)

Cash

Visa/MC (complete information below)

Cardholder: _____ Card # _____/_____/_____/_____

Billing Address: _____ Exp.: ____/____

City, State, Zip Code: _____ CVV: _____

WAIVER AGREEMENT

My child (named above) is a capable swimmer and has no medical conditions that would interfere with his/her successful participation in a vigorous outdoor sailing program. I agree, on behalf of myself and my child/children, to make no claims against Castle Harbor Sailing School, its officers, directors, employees, and/or agents for any loss or damage to persons or property, and to protect the school against liability for any loss, damage, and/or injury caused by my child/children.

I have read and understand this agreement and the Cancellation/Refund Policy.

Parent/Guardian: _____ Date: _____