

CASTLE HARBOR BOATING SCHOOL

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

Dock: (305)665-4994
Office & Fax: (305)668-8838
Email: cai@castleharbor.com

POWERBOAT CAMP REGISTRATION

(Please print)

Camper's Name: _____ Age: _____ DOB: _____

Street: _____

City: _____ State: _____ Zip: _____

Parent/Legal Guardian: _____

Street: _____

City: _____ State: _____ Zip: _____

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

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

Email _____

Person responsible for drop off/pick up of camper: _____

Session 1 June 9-June 13 **Session 2:** June 23- June 27 **Session 3:** July 7 – July 11

Session 4: July 21 – 25

Can camper swim 50 yds.? yes no Will you need a Fed. Tax ID # ? yes no

How did you hear about our camp? friend mailing dockside other _____

FEE: \$395.00 per session

\$35.00 ser. charge for fuel/oil (cash please)

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: Check Cash Visa/MC (complete information below)

Cardholder: _____ Card # _____ / _____ / _____

Billing Address: _____ **Exp.:** ____ / ____

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 boating 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: _____