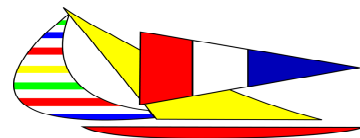


Halifax Sailing Association  
**halifaxsailing.org**  
**2010**  
**Adult Sail Class**



**Registration Form for HSA Adult Sailing Class**

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

**Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/zip code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

**Emergency Phone #:** \_\_\_\_\_

**Sailing Class selected:** \_\_\_\_\_

**How would you rate your physical health:** \_\_poor \_\_fair \_\_good \_\_excellent

**Do you have any physical limitations that we need to be aware of?** \_\_\_\_\_

**Do you wish to advise us of any medical problems, allergies, etc?** \_\_\_\_\_

**Write any medical information that we need to be advised of below.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**How far do you think you could swim w/out a PFD?** \_\_\_\_\_

**Have you any sailing experience?** \_\_\_\_\_

**Have you taken a sailing class before?** \_\_\_\_\_

**Explain:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Payment should be sent to:**  
**Halifax Sailing Association**  
**P.O. Box 2031**  
**Daytona Beach, FL 32115-2031**