



## Adult Sailing Class Registration Form

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

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

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

City/State/Zip code: \_\_\_\_\_

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

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

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

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

Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_

How would you rate your physical health: \_\_\_ poor \_\_\_ fair \_\_\_ good \_\_\_ excellent

Do you have any physical limitations that we need to be aware of? Yes \_\_\_ No \_\_\_

Do you have any medical issues we need to be advised of allergies, etc.? Yes \_\_\_ No \_\_\_

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

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

How far do you think you could swim without a PFD? \_\_\_\_\_

Have you any sailing experience? Yes \_\_\_ No \_\_\_

Have you taken a sailing class before? Yes \_\_\_ No \_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Payment and Registration Form should be sent to:

Halifax Sailing Association

P.O. Box 2031

Daytona Beach, FL 32115-2031