



Village of Amityville
 21 Ireland Place, Amityville, NY 11701
 Phone: (631) 264-6000 Fax: (631) 598-0363

Application for Sailing Lessons
 Minimum age is 8 years old; proof required

Fee: \$150.00 per child

Application Date _____

Applications will only be accepted during scheduled sign-ups!

Sailor : _____ Male Female Birth Date _____

Address: _____

Residency in the Incorporated Village of Amityville is required

Parent or Guardian: _____

Home	Work	Cell
Phone: _____	Phone: _____	Phone: _____

Emergency Contact: Please list two contacts that we can call if the parent/guardian is unavailable:

Contact 1: Name: _____ Phone: _____

Contact 2: Name: _____ Phone: _____

Medical Information:

List Medications Currently Taking: _____

List Allergies _____

Sailing Partner

Who would you like as your sailing partner? _____. We will do our best to accommodate your request.

Sailing lessons are Monday & Wednesday **OR** Tuesday & Thursday from 8:45am – 11:45am and 12:15pm – 2:15pm. Lessons are 1 hour.

****PLEASE READ AND SIGN MEDICAL AND LIABILITY STATEMENT ON REVERSE SIDE****

Sailing Instruction Medical and Liability Statement

I hereby authorize my child(ren) to participate in the Village of Amityville's sailing instruction program. In consideration of the Village of Amityville providing sailing instruction to my child(ren), I hereby release, acquit, and discharge the Village of Amityville, its successors and assigns, its employees, agents, members, volunteers, officers and directors from all claims, demands, actions, causes of action, damages, injuries and cost of any nature or kind whether property, personal injury or bodily injury or any other type of injury or damage that may arise from my child(ren)'s participation in the sailing instruction program as well as use of the facilities and its equipment. This release is on my behalf as the parent or legal guardian and on behalf of my child(ren) and any person claiming through my child(ren).

I also attest that my participating child(ren) is free and unencumbered from any physical or mental impairment and is free of any contagious or infectious disease that might interfere with his or her health or safety during this program.

I give authorization to the Village of Amityville to treat and/or seek medical assistance for treatment for my child(ren) in the event of any accident or injury if I cannot be reached. I have read and attest that the above is true and correct.

Parent/Guardian Signature: _____ Date: _____

For Official Use Only:

Type of Proof of Residency : _____ Fee Paid: _____ Check/Cash/MO: _____

Type of Proof of Sailor's Age _____

Initials: _____ Date: _____