



P.O. Box 947
Mattapoissett, Ma. 02739
774-377-3308
mattsail.org

PROGRAM OUTLINE

Adult Sailing Instructional Program: The Mattapoissett Community Sailing Association, Inc. (MCSA) is accepting applications for participation in its Adult Sailing Instruction Program. This Program is designed to teach basic sailing nomenclature and safety rules to beginner sailors with little or no sailing experience or for sailors who need to build confidence in their sailing ability.

Program Tuition: The fee for the Adult Sailing Instruction Program is \$325 per student. Please make your check payable to MCSA and submit the same with this completed application to MCSA at the above address. No Refunds.

Program Times: This three-week program will be conducted from the Mattapoissett Town Beach on Water Street on Tuesday and Thursday evenings from 5:30 to 7:30 PM starting on July 7, 2009 and running through July 23, 2009.

Enrollment: Enrollment is open to all MCSA members as well as Year-Round & Summer Residents of the Towns of Marion, Mattapoissett & Rochester.

Equipment & Gear: MCSA shall conduct its Adult Sailing Instruction Program using keeled sailboats which provide a stable sailing platform in most conditions. However, students may be exposed to spray and wet conditions. Students should supply their own lifejackets, however a limited number of lifejackets will be available. Students must understand that summer evening sailing conditions can be cool. It is therefore recommended that students dress appropriately and bring suitable foul weather gear or other water resistant clothing based upon the conditions.

RELEASE AND INDEMNITY AGREEMENT

For valuable consideration received I, the undersigned, hereby release MCSA it officers, directors, agents, servants, instructors and employees and/or members from any and all claims, demands, actions, or causes of action which the undersigned, my heirs, personal representatives or assigns have or may have arising out of my involvement and/or participation in the MCSA's Adult Sailing Instruction Program, including but not limited to direct actions, third-party actions, claims, cross-claims, demands or actions for contribution or indemnification.

Signature

Date: _____, 200__

STUDENT EXPERIENCE: 1. ____ Never sailed before; 2. ____ Limited sailing experience;
3. ____ Attended sailing camp; 4. ____ Attended MCSA Program.

APPLICATION CHECK LIST

- ____ Completed registration application
- ____ Signed Medical Authorization & Release and Indemnity Agreement Sections
- ____ Included payment.

Mail to:

**MATTSAIL
P.O. BOX 947
MATTAPOISETT, MA 02739**



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2009 Adult Sailing Instruction Program

PERSONAL INFORMATION

Year-Round Residence:

Name: _____

Home phone: _____

Address: _____

street apt. #

town

state

zip

Age: _____ Date of Birth: _____

Email Address: _____

Summer Residence (if applicable):

Name: _____

Home phone: _____

Address: _____

town

state

zip

Work/cell phone: _____

HEALTH & MEDICAL INFORMATION

Emergency Contacts

1.) _____

NAME

RELATIONSHIP

HOME PHONE

WORK/CELL PHONE

2.) _____

NAME

RELATIONSHIP

HOME PHONE

WORK/CELL PHONE

3.) _____

NAME

RELATIONSHIP

HOME PHONE

WORK/CELL PHONE

Medical Information

Physician name: _____

Phone: _____

Medical Insurance type: _____

Policy #: _____

Medication: _____

Allergies: _____

Explain: _____

MEDICAL SERVICES CARE AND/OR TREATMENT AUTHORIZATION

I authorize MCSA its officers, directors, agents, servants, instructors and employees to obtain medical services, care and/or treatment for me as shall reasonably appear required as a result of any accident and/or illness that may arise during my involvement or participation in the MCSA's Adult Sailing Instruction Program. Prior to obtaining or attempting to obtain each such service or treatment, reasonable efforts shall be made to contact the persons listed above as emergency contacts

Signature: _____

Date: _____, 200__