



P.O. Box 947  
Mattapoissett, Ma. 02739  
508-758-6474  
mattsail.org

## 2018 Private Sailing Lessons

### 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: \_\_\_\_\_, 201\_\_



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PROGRAM OUTLINE

**Private Lesson Program:** The Mattapoissett Community Sailing Association Inc. (MCSA) is accepting applications for participation in its Private Lesson 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 Private Sailing Lessons Program is \$50 per hour for the first person and \$15.00 for each additional person, limit three to a boat. 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:** Lessons to take place on evenings as agreed upon between instructor and students.

**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 Private Sailing Lessons 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, de-

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_, 201\_\_

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**