



WICKFORD SAILING ASSOCIATION, INC.

PO Box352, 165 Pleasant Street, Wickford, RI 02852  
Wickford Yacht Club (401) 294-9010  
www.wickfordyc.org  
Wickford.Sailing@gmail.com

**APPLICATION: ADULT SAILING LESSONS - Summer 2011**

Class Size is Limited

**GENERAL INFORMATION**

Two sessions of adult sailing classes will be conducted on **four Monday\* evenings each (6:00 p.m. until dusk)**. Classes are designed for the beginner and intermediate sailor. Ensigns will primarily be used during most of the program. Other boats may be used during the latter stages of the program. For additional individual instructions, please make arrangements with the instructors. Participants supply own Lifejackets. \*Please note, there will NOT be class on Monday, July 4th, but Tuesday, July 5th instead.

**SCHEDULE:** Sessions are scheduled rain or shine at 6pm.

Session 1: June 20, 27, \*Tues. July 5, July 11

Session 2: July 18, 25, August 1, 8

**FEE:** \$120 per session, payable to the WICKFORD SAILING ASSOCIATION.

Please return completed Application (below), with check to:

WSA c/o Kathy Brown e-mail: wickfordbrowns@earthlink.net  
160 Prospect Avenue  
No. Kingstown, RI 02852 Telephone: (401) 294-2525

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SESSION \_\_\_\_\_ FEE \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ TEL: \_\_\_\_\_

PRIOR INSTRUCTION? YES \_\_\_\_\_ #YEARS \_\_\_\_\_ NO \_\_\_\_\_

I, the undersigned, hereby release and absolve the Wickford Sailing Association, the Wickford Yacht Club and their members or agents from any and all liability which may arise out of personal injury to me or my guests and agree to hold the Wickford Sailing Association, the Wickford Yacht Club, and their members and/or agents, harmless from any and all such liability for personal injury or property damage to self or others occasioned by me and/or others' actions. I accept the obligation to follow the pertinent rules, regulations, and water safety requirements as promulgated by the Wickford Sailing Association and the Wickford Yacht Club. I authorize any necessary emergency medical treatment to protect my life and health.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date