



SEAS Bergen Chapter
PO Box 573 Fair Lawn, NJ 07410-0573
862 926-0124

KEELBOAT SAILING COURSE – REGISTRATION

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
e-Mail: _____ @ _____
Cell : _____
Phone : _____

I wish to attend the (check one) June (____) July (____) Aug (____) Sept (____)
Class Dates:
I learned about this class: _____

Prerequisite – Knowledgeable in basic sailing skills.

I, being over 18 years old and voluntarily participating in sailing activities and/or courses, realize and accept that this sport has some inherent potential dangers and do hereby release and hold harmless the Society for the Education of American Sailors, Inc., Bergen SEAS, its parent, sister corporations, and subsidiaries and each of its members, instructors, aides or any individual, corporation, or government agency whose facilities or equipment are used in the conduct of SEAS activities, from liability to me, my heirs, and assigns, or any injury or damage caused by any action or omission including negligence on the part of the aforementioned. I acknowledge that I have voluntarily applied for a course of instruction in Keelboat Sailing from the Bergen Chapter of Seas. I understand that the class requires vigorous physical activity in swimming, moving boats, rigging, unrigging and actual sailing. I declare that I am in good physical condition and have no condition either physical or mental, which could impair my performance in the class or could be aggravated by my participation in class.

Student Signature Dated

Print this form, complete it, and submit with a check for \$350.00 payable to: SEAS - Bergen Chapter

Class Code:
Check Nbr: