

CLCSF Sailing Camp 2020 Registration

Participant

Last Name: _____ Parent or Legal Guardian: _____
 First Name: _____ Address: _____
 Age (14-18): _____ Best Contact Cell Phone: _____ Email: _____
 Emergency Contact Name _____ Relation to participant _____ Ph: _____



Cost per Week

Discount for attending 4 weeks or more

Monday through Friday 3PM - 6PM

\$50.00 per week
 \$180.00 4 weeks
 \$200.00 6 weeks
\$220.00 7 weeks

LESS \$20 if attending 4 weeks or more

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Sub Total
Cost	\$ 50	50	50	50	50	50	50	
	June 29-July 3	July 6- 10	July 13- 17	July 20 - 24	July 27-30	Aug 3- 7	Aug 10- 14	

Send forms W/Check to: Chautauqua Lake Community Sailing Foundation

PO Box 291
Lakewood, NY 14750

Checks Payable to : CLCSF Sailing Foundation

4 weeks, less \$20
 6 weeks, less \$100
 7 weeks, less \$130

Total

Please list below any special medical issues or allergies concerning your child that we should know about:

WAIVER OF LIABILITY: In consideration of CLCSF allowing my child to participate in the camp, I recognize and understand that the program is voluntary in nature and participation is at the invitation of the CLCSF. I recognize that my child incurs risks attendant to sail and water-related activities, and I fully agree to waive any and all claims, charges, losses and liabilities including those caused by negligence, against CLCSF, their respective officers, trustees and members, and against any and all volunteers, parents, participants, the village of Lakewood or others, which may arise from, or in any way be in connection with, the practices or activities of the camp and its organizers. I am aware that the activities may involve maneuvering a boat or other watercraft on deep waters in potentially hazardous conditions which may include among other things, cold water temperature, strong winds and high waves, sudden and unexpected immersion in deep waters and collision with other watercraft or stationary objects such as docks, pilings, and buoys. I am also aware that these activities could result in serious injury or death. I understand that I am responsible for the actions of my child while he or she may be participating in the camp and on the grounds of the Richard O Hartley Park and the waters of Chautauqua Lake.

Parents Signature: _____

Date _____