



Sailing Course:		Date	
Name		Birth Date	
Address			
City		State	Zip
PhoneBusiness		Residence	Mobile
Email Address			
Referred by			
	Name	Phone	Relation
Course Informatio	on:		
shoes/booties? Yes_	No	) yards, using any stroke, in _ Not Sure	
Tuition:			
Total Due:\$	_ (Less)	Amt. Paid:\$	_ 🗆 CC 🗆 Ck 🗖 Cash
Date Paid:		Balance Due \$	by//

## **Cancellation/Refund Policy**:

By initialing below you convey your understanding that Tuition monies paid are non-refundable. You may transfer your course to another date 30 days or more from the originally scheduled date. If circumstances beyond **U-SAIL** of Central Florida's control result in loss of training, a credit applicable to a future **U-SAIL** of Central Florida program will be awarded within one year.

X \_\_\_\_\_ (initial)

Please list any formal training you have had in boating, sailing, or flying, such as Coast Guard Auxiliary, Power Squadron, Red Cross, Private Instruction, Civil Air Patrol, Commercial Pilots License, Merchant Marine Captain, Mate, Deck Hand, etc.

Please tell us briefly about any experience you have had sailing or boating:

What Personal goals do you hope to achieve by taking this course?

The undersigned agrees to at all times indemnify, save and hold harmless **U-SAIL** of Central Florida, LLC and its officers, agents, employees and contractors from and on account of any claims, damages, losses, litigation, expenses, counsel fees, and compensation arising out of any claims, damages, personal injuries, property losses and/or economic and non-economic damages sustained by or alleged to have been sustained by any person or entity, except when caused solely by the gross negligence or willful misconduct of **U-SAIL** of Central Florida.

Signature <b>X</b>	Date	
Instructor record (instructor to complete):	COURSE COMPLETED	Y / N
Signature X	Date	