

## **COURSE SCHEDULE 2010**

**(Please circle session requested)**

**Session 1** ó July 5<sup>th</sup> to July 9<sup>th</sup>  
White Sail I,II,III (Beginner & Intermediate)

**Session 2** ó July 12<sup>th</sup> to July 16<sup>th</sup>  
White Sail I,II,III (Beginner & Intermediate)

**Session 3** ó July 19<sup>th</sup> to July 23<sup>rd</sup>  
White Sail I,II,III (Beginner & Intermediate)

**Session 4** ó July 26<sup>th</sup> to July 30<sup>th</sup>  
White Sail I,II,III (Beginner & Intermediate)

**Session 5** ó Aug 2<sup>nd</sup> to Aug 6<sup>th</sup>  
White Sail I,II,III (Beginner & Intermediate)

**Session 6** ó Aug 9<sup>th</sup> to Aug 13<sup>th</sup>  
White Sail I,II,III (Beginner & Intermediate),

**Session 7** ó Aug 16<sup>th</sup> to Aug 20<sup>th</sup>  
White Sail I,II,III (Beginner & Intermediate), Bronze IV,V (Advanced)

**Session 8** ó Aug 23<sup>rd</sup> to Aug 27<sup>th</sup>  
White Sail I,II,III (Beginner & Intermediate), Bronze IV,V (Advanced)

## **TO REGISTER**

Mail cheque ,completed registration form and signed declaration to the address below.

**PCSS**  
c/o Bill Stright  
PO Box 1367  
Pictou, NS,  
B0K 1H0

Classes subject to change, minimum registration required

## **PARTICIPANT INFORMATION** (Please Print)

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Swimming Ability: \_\_\_\_\_

Previous Sailing Courses: \_\_\_\_\_

### **SESSION FEES (Per Student)**

Bronze IV, V (Advanced)  
\$160 per session (1 week session)

White Sail I,II,III (Beginner & Intermediate)  
\$140 per session (1 week session)

9:00am ó 4:00pm Monday - Friday

Maximum day class size - 8 participants.

All Students will receive conformation of registration prior to the start of the session. Please make sure your mail address and email address (if applicable) are correct.

## **DECLARATION**

I understand that the named participant must comply with all instructions of the Association and its staff.

I am aware that there is some risk involved and accept full responsibility should injuries or accidents occur. I specifically agree to release PCSS, its members, management or instructors from any liability that may result in any damage including personal injuries in all circumstances except in case of gross negligence which I shall have the burden to prove.

I will be responsible for damages to or loss of equipment caused by carelessness or neglect on the part of the above named participant, who has acted unreasonably and/or not in compliance with instructions.

I have read and agree to all of the above.

PARENT/GUARDIAN or ADULT PARTICIPANT :

\_\_\_\_\_  
(PLEASE PRINT)

SIGNATURE :

\_\_\_\_\_  
DATE:

MSI Card Number:

\_\_\_\_\_  
Emergency Contact:

\_\_\_\_\_  
Medical Condition(s):

\_\_\_\_\_