

REGISTRATION FORM



PO BOX 536 WALLOON, LAKE, MI 49796-0536
PHONE: 231-582-9456 | SUMMER: 231-535-SAIL

APPLICANT _____ AGE _____ DATE OF BIRTH _____

PERMANENT ADDRESS _____

SUMMER ADDRESS _____

PHONE MAIN _____ CELL _____

EMAIL _____

EMERGENCY CONTACT _____

CONTACT INFO _____

HOW DID YOU HEAR ABOUT US: FLYERS INTERNET WLCC NEWSPAPER
OTHER _____

APPLICANT'S SWIMMING ABILITY: 25YARDS 50YARDS 50+YARDS

APPLICANT'S SAILING ABILITY: NOVICE(NO PRIOR SAILING) BEGINNER(HAVE BEEN IN A SAILBOAT)
INTERMEDIATE ADVANCED PRIOR ENROLL

PLEASE SPECIFY ANY PERTINANT MEDICAL ISSUES APLICANT MAY HAVE:

I, _____ AGREE TO ASUME ALL DAMAGED EQUIPMENT COSTS, EXPENS-
ES AND INJURIES TO OTHER PARTICIPANTS OR WSI REPRESENTATIVES ATTRIBUTED TO THE
ABOVE NAMED APPLICANT'S IMPROPER USE OF EQUIPMENT OR RECKLESS BEHAVIOR. I
WAIVE ANY AND ALL CLAIMS FOR INJURIES AND/OR DAMAGES PERTAINING TO THE INVOLV-
MENT OF THE ABOVE NAMED APPLICANT IN ANY AND ALL WSI SPONSORED ACTIVITES AND
WILL HOLD WSI, THEIR EMPLOYEES, AND OFFICERS HARMLESS FROM ALL SUCH CLAIMS. I
HEREBY GIVE PERMISSION TO WSI TO USE ANY IMAGES AND PHOGRAPHIC LIKENESS OF
APPLICANT IN ALL FORMS AND MEDIA FOR MARKETING, AND ANY OTHER LAWFUL PURPOSE.
ALL FILM AND DIGITAL FILES SHALL CONSITUTE THE SOLF PROPERTY OF WSI.

APPLICANT SIGNATURE _____ DATE _____