



BRILLIANT SAILING: ADULT REGISTRATION FORM

Form must be returned with signature.

Trip Date: _____

Cost Enclosed \$ _____

Member Number: _____

Mystic Seaport Member? Yes No

Name Birthdate (if under 18) Age

Address City State Zip

Phone Email

Emergency Contact #1 Name Relationship Phone Phone #2

Emergency Contact #2 Name Relationship Phone Phone #2

I certify that I am a competent swimmer. Yes No Please note: You must be physically fit and agile to sail on *Brilliant*.

Medical Information

Chronic or recurring illness (ie. heart problems, Diabetes) Allergies

Medication(s) taken (name and reason) Injuries or special restrictions

Dietary restrictions, if any

Statement of Responsibility

In the event of illness or an accident, I authorize Mystic Seaport to initiate appropriate medical or dental treatment on my behalf or that of my child(ren) if I am unable to do so. I understand, except in the case of negligence, that I am not covered under Mystic Seaport's insurance and that I am responsible for payment of all medical or dental treatments received. Further I indemnify Mystic Seaport, its agents and employees from any complications or issues that may arise from such treatment.

Signature Date

Method of Payment

Cancellations made up to 30 days prior to the start of courses will receive a refund less an administrative fee of 25% of the course cost. No refund will be given for cancellations made within 30 days of any *Brilliant* or camp courses.

Check is enclosed Please charge my: VISA/MC AMEX DISCOVER

Credit Card Number Expiration Date

Total Amount \$ Name of Cardholder

Occasionally Mystic Seaport photographs or videotapes visitors while on grounds for use in a variety of publicity and promotional materials and to advance our educational mission. We thank you for your cooperation and support.

For information on all programs, call 860.572.5322 or email reservations.desk@mysticseaport.org. Please complete and return registration form by mail to Reservations, Mystic Seaport, PO Box 6000, Mystic, CT 06355, by fax to 860.572.5398 or by email using the button below.

Forms requiring signature or additional information from a healthcare provider may be submitted by email.

Follow up with signature and documentation will be required.

SUBMIT