



## COMMUNITY SAILING: ADULT REGISTRATION FORM

***Form must be returned with signature.***

Course Title: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Cost Enclosed \$ \_\_\_\_\_

Member Number: \_\_\_\_\_

Mystic Seaport Member?     Yes     No

Name \_\_\_\_\_ Birthdate (if under 18) \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent (Guardian) Name (if under 18) \_\_\_\_\_

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                      I certify that my child (if under 18) is a competent swimmer.     Yes

### Medical Information

Chronic or recurring illness (ie. heart problems, diabetes) \_\_\_\_\_ Allergies \_\_\_\_\_

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

### 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 a course will receive a refund less an administrative fee of 25% of the course cost. Cancellations made 15 to 29 days prior to a class will receive a refund less an administrative fee of 50% of the course cost. No refund will be given if cancelled within 14 days of the course.

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](mailto: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**