Brandermill Sailing Club Sailing Lessons Registration

c/o Tom Anderson, 5716 Harbour Ridge Rd, Midlothian, VA 23112

To reserve a place, please email your name/s to: Officers@sailbrandermill.org, and Instructors@sailbrandermill.org.

Please fill in the following information and the accompanying "Assumption of Risk and Indemnification Agreement" and the "Medical Emergency Information" forms (one for each person attending) and mail them with your check (payable to "Brandermill Sailing Club") to the Brandermill Sailing Club, c/o Tom Anderson, 5716 Harbour Ridge Rd, Midlothian VA 23112, or use the Zelle app to send payment to treasurer@sailbrandermil.org (see final page for QR code). Space in class is can only confirmed AFTER your payment has been received and availability is confirmed.

2024 Session Dates

Session 1:					
Wednesday- June 5 6 pm - 9 p					
Saturday - June 8 9 am - 3 p					
Sunday - June 9 9 am - 3 pi	m				
Residency: Brandermill	Woodlake Other				
Name (First and Last)	Email address		Age (if under 18)		
0					
Соѕтѕ					
FOR NON-BRANDERMILL SAILING CLUB MEMBERS					
The cost for an individual is \$200.0					
membership in the Brandermill Sail					
and the cost of the first family mem					
\$75, with each additional family me					
purchased for \$15 each. (Although			ea).		
Sailing Lesson (individual): Brandermill Residents	\$200.00 \$150.00	\$			
1 st Additional Participant:	\$ 75.00 \$ 75.00	Φ			
Other Additional Participants:		Ψ \$			
Additional Manual/s:	\$ 15.00 x Number Required	\$			
Additional Mandal/3.	•	Ψ			
Total Enclosed \$					
Please download and complete the Brandermill Sailing Club Membership Application from our Web site at					
http://www.sailbrandermill.org/inform	mation/membership/				
FOR CURRENT BRANDERMILL SAILING	CLUB MEMBERS				
The cost for the lessons is \$150 (\$^		nis price includes	s one copy of US		
Sailing Start Sailing Right class ma					
for 1st additional family member cos					
Additional lesson manuals can be purchased for \$15 each. (Although recommended, individual manuals					
are not required).	, , , , , , , , , , , , , , , ,		,		
Sailing Lesson (Individual):	\$150.00	\$			
Brandermill Residents	\$100.00	\$			
1st Additional Participants:	\$75.00	\$			
Other Additional Participants:	\$50.00 x Number Participants	\$			
Additional Manual/s:	\$15.00 x Number Required	\$			

Total Enclosed \$

Brandermill Sailing Club

Assumption of Risk and Indemnification Agreement

(Please Print Clearly)
Name:
Address:
Phone: Home Cell
Activity: <u>Sailing Lessons, June 2024, Sunday Park, Brandermill</u>
I understand the scope and nature of the above activity. I understand my responsibility to exercise due care in the performance of the activity for the safety of myself and the other participants.
As a participant in this activity, I understand that I assume all risks and liability that may arise from my involvement and participation in this activity. I further agree to hold harmless the Brandermill Sailing Club and the Brandermill Community Association its officers, members, volunteers, heirs, and assignees from any and all claims, damages, actions, liability and expense, now and in the future, in connection with any and all personal and bodily injury and/or damage to my person, be it foreseen or unforeseen.
Brandermill Sailing Club places the health and safety of participants as our highest priority. We reserve the right cancel or move the dates of this event, or place restrictions on participants, if warranted, in order to comply with CDC and Commonwealth of Virginia guidelines related to COVID-19. I agree to comply with any and all instructions from Brandermill Sailing Club instructors or assistants with respect to COVID-19 precautions.
Signature:
Date:
Name of parent if a minor:
Signature of parent if a minor:

Brandermill Sailing Club Medical and Emergency Information

Name:			
Sex:			
		rning disability that might prevent you from	fully
participating in this			
If so, please specify:			_
Chronic Ailments:	Asthma	Circulatory or heart problems	_
	Epilepsy	Diabetes or hypoglycemia	-
	Hemophilia or other	bleeding problems	-
Allergies:	Insect Bites	Bee/Wasp Stings	_
	Drugs		_
	Other		_
Current Medications		on:	
Blood Type:			
Family Physicians N	[ame:	Phone:	_
Date of most recent	physical exam:	Date of last tetanus shot:	_
Insurance Carrier: _		_ ID #:	_
To notify in an emer	gency:		
Name:	Relation:	Phone:	_
Name:	Relation:	Phone:	_
understood that effo	rts shall be made to con	consent to any treatment needed in an emerg stact the above-named person/s prior to render withheld if any of these people cannot be rea	ring treatment
Signature:		Date:	



BRANDERMILL SAILING CLUB Accounts



THOMAS ANDERSON

treasurer@sailbrandermill.org

Deposit to Checking ...2509



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This QR code will remain valid as long as the email remains enrolled in Zelle®.