

Adult Program Membership Application

Regatta Point Community Sailing, Inc. /PO Box 4008 / Shrewsbury / MA / 01545

Phone: (508) 757-2140/ Fax: (508) 757-2195/ www.regattapoint.org

Section 1: Required Information (Please Print Clearly):

Primary Name: _____
Last MI First

Primary Name: _____
Last MI First

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: (____)____-____ Alternate Phone: (____)____-____

Regatta Point does not give your email out to anyone. We only use it to contact our members.

e-Mail: _____

Have you been a member before? Y N

How did you hear about us? _____

How did you hear about RPCS? _____

Emergency Contact : _____ Relationship: _____

Day Phone: (____)____-____ Evening Phone: : (____)____-____

Please list any additional concerns, special needs, or considerations about which we should be aware. Provide a detailed comment so we can be attentive and helpful:

Section 2 : Waver of Liability:

This must be signed in order to participate

I understand that participation in sailing and other boating activities, both on the water and on-shore, may pose risks to my health and safety. I am aware of and familiar with the risks and dangers involved with the type of vessels and activities in which I will be involved. My decision to participate in the Regatta Point Community Sailing, Inc. program is made in full recognition and assumption of those risks and is entirely voluntary. I hereby agree, for myself, executors, administrators and assigns, to release and hold harmless Regatta Point Community Sailing, Inc., its directors, officers, members, employees, representatives, successors and assigns, from any and all claims, liability or loss arising from any injury or damage, well-being or property during participation in this program. I have read and understand the posted rules and regulations for participation and agree to abide by all of them.

I have read and understand the rules and regulations established by Regatta Point Community Sailing, Inc.(RPCS) and agree to be bound by them. I certify that I am capable swimmer.

Primary Signature: _____ Date: _____ / _____ / _____

Primary Signature: _____ Date: _____ / _____ / _____

Section 3 :Membership & Classes:

Please indicate below the membership you would like to purchase:

Adults: (Ages 23 – 64)

- | | |
|--|---|
| <input type="checkbox"/> Adult 30 Day Membership - \$169 | <input type="checkbox"/> Adult Full Season - \$399 |
| <input type="checkbox"/> Adult 60 Day Membership - \$199 | <input type="checkbox"/> Student Membership - \$149 |
| <input type="checkbox"/> Adult Full Season - \$249 | <input type="checkbox"/> *Family Membership - \$649 |

* A family membership is two adult full season membership & two kids programs. Each additional kids program is 50% off.

Please indicate in which class you wish to participate:

- | | |
|--|----------------|
| <input type="checkbox"/> Beginner Helmsman | Session: _____ |
| <input type="checkbox"/> Advanced Beginner | Session: _____ |
| <input type="checkbox"/> Cruising Class | Session: _____ |
| <input type="checkbox"/> Kayaking Class | Session: _____ |
| <input type="checkbox"/> Advanced Helmsman | Session: _____ |
| <input type="checkbox"/> Beginning Racing | Session: _____ |
| <input type="checkbox"/> Other - _____ | Session: _____ |

Section 4 :Volunteering, Social Events & Activities:

Regatta Point Community Sailing is always in need of volunteers for it's programs, social events and activities. If you are interested in volunteering, please indicate below.

- Yes
- No Thanks

Most convenient way to contact: _____

Check all that apply:

- Social Events
- Fund Raising
- Maintenance
- Other: _____

Regatta Point Community Sailing, Inc. is a non-profit 501(c)(3) organization, which means that your donations is a wholly charitable gift, fully tax-deductible to the extent provided by law.

Total: \$ _____ (We accept Cash, Checks made payable to RPCS, MasterCard/Visa/AMEX)
