



Parkland Sailing Academy Application Form

Please print clearly

Name: _____ Student #: _____

Birthdate: _____ Grade: _____ School: _____

Parent/Guardian Name(s): _____

Address: _____

Email: _____ Parent Phone: _____

Emergency Contact: Name: _____

Phone: _____

Any Medical conditions instructors should be aware of:

Medical/Care Card # _____

Sailing Ability: Beginner __ Intermediate__ Advanced__

Course fees: 2016-2017 school year

- Sept - Nov (5 weeks): Fall Sailing League \$200.00
- April - June (9 weeks): Spring Sailing League \$300.00

Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(for office use only)

Approved by: _____ Date: _____

Please contact Christine Bennett at cbennett@sd63.bc.ca
or Conrad Carriere at ccarriere@sd63.bc.ca