



GREEN FLEET Clinic & Coaching

Sponsored by: *GUST & Ninescah Sailing Assoc*



June 18-20, 2010
Ninescah Sailing Association

REGISTRATION FORM

Sailor Name	
Address	
City, State, Zip	
Home Phone	
Sailor Date of Birth	
Parent E-Mail	
Yacht Club	
Sail Number	

Clinic Payment Enclosed: (**\$65**) (\$50 + \$15 GUST membership) \$_____

Parent Contact Information -- Who should we contact in an emergency?

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

In consideration of the acceptance of my application in this clinic, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have or may accrue to me, as a result of participation in this clinic. This release is intended to discharge the Ninescah Sailing Association, NSA coaches, any involved municipalities, and the United States Sailing Association from and against any and all liability arising out of or connected in any way with participation in this clinic, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

The adult representative signing below agrees to be the designated adult, responsible for the sailor throughout this event.

Parent Signature	Date	Sailor's Signature	Date
_____	_____	_____	_____

The clinic will be filled on a first come, first served basis - **Make the check payable to NSA Jr Sailing** - No refunds will be given.

SEND REGISTRATION FORM & CHECK TO:
2010 USODA Great Plains Championship
c/o Trevor Thornicroft
571 Spring Creek Dr
Derby, KS 67037