



Adult Sail Training Registration Form

NAME: _____ Male Female

ADDRESS: _____ (Street) _____ (City)

(Prov.) (Postal Code) DATE OF BIRTH: ____/____/____ (Day/Month/Year)

HOME PHONE: (____) _____ - _____ WORK PHONE: (____) _____ - _____ E-MAIL: _____

ALTERNATE EMERGENCY CONTACT: _____

ADDRESS: _____ (Street) _____ (City) _____ (Prov.) _____ (Postal Code)

HOME PHONE: (____) _____ - _____ WORK PHONE: (____) _____ - _____

Because the ship occasionally visits United States ports, the following information is required:
PLACE OF BIRTH: _____ CITIZENSHIP: _____
CANADIANS MUST BRING ORIGINAL BIRTH CERTIFICATE OR PASSPORT. NON-CANADIANS MUST HAVE AN AMERICAN VISA, VALID PASSPORT OR LANDED IMMIGRANT PAPERS FOR SALES IN THE STATES.

Medical Concerns

Allergies: NO YES Medical problems requiring medication: NO YES
Physical impairments or restrictions: NO YES
Any medical problem of which the Captain should be aware: NO YES Dietary Restrictions: NO YES

If the answer to any of the above is "YES", please describe: _____

Health Insurance Number: _____ TRAINEE MUST BRING HIS/HER HEALTH CARD.
BRIGANTINE INC. STRONGLY RECOMMENDS TRAVEL INSURANCE FOR AMERICAN CRUISES

How did you hear about the Brigantine Adult Sailing Program? _____

Downpayment: \$100.00 with registration

Balance: (May 1)

cheque (made out to Brigantine Inc.)

Credit Card

Visa # _____

Exp. Date _____

Mastercard # _____

Exp. Date _____

Signature _____ Print Name _____

I have familiarized myself with the nature and content of the Brigantine program and am aware that Sail Training is an outdoor adventure experience that entails inherent risks. I also acknowledge that participants in the Brigantine program must follow instructions provided, and may be subject to physical demands. I acknowledge that Brigantine Inc. may expel anyone from the program who, through their behaviour, poses a hazard to the safety of the ship. I release Brigantine Inc., its directors, employees, volunteers, and staff from any liability arising from the above applicant's participation in the Brigantine program, except in the case of gross negligence.

(Print Name of Applicant)

(Signature)

(Date)

Please return this application with payment to: Brigantine Inc.

53 Yonge Street , Portsmouth Olympic Harbour Kingston ON K7M 6G4