

DIAMOND WATERS SAILING

REGISTRATION

First Name *	
Last Name *	
Email Address *	
Birthdate *	
Street Address (mailing) *	
Town *	
Province / State *	
Country *	
Postal Code *	
Company Name	
Phone (cell)	
Emergency Contact	
Special Accommodation	
Signature (typed full name) **	
Date (yyyymmdd) **	
Course requested (check all that apply) **	<input type="checkbox"/> Discover Sailing – 1/2 day <input type="checkbox"/> Discover Cruising – 1 day <input type="checkbox"/> Start Keelboat Sailing – 2 day <input type="checkbox"/> Basic Cruising – 4 day or <input type="checkbox"/> challenge <input type="checkbox"/> Intermediate Cruising – 5 day/ 4 night or <input type="checkbox"/> challenge <input type="checkbox"/> Basic Coastal Navigation <input type="checkbox"/> Intermediate Coastal Navigation <input type="checkbox"/> VHF/DSC Radio
Date(s) requested _____	

* Required field and may be shared with Sail Canada Checklick student development tracking system

** Required field

This is page 1 of 2 registration documents as follows:

1. Registration
2. Waiver

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SAILING FOR A HEALTHY PLANET