

**"LEARN TO SAIL FLORIDA"  
Registration Form**

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/zip code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Emergency Contact Person: \_\_\_\_\_  
Emergency Phone #: \_\_\_\_\_  
Sailing Experience Selected: \_\_\_\_\_

How would you rate your physical health: \_\_poor \_\_fair \_\_good \_\_excellent

Do you have any physical limitations that we need to be aware of?  
Explain:

\_\_\_\_\_

Do you have any medical problems, allergies, etc?  
Explain:

\_\_\_\_\_

Write any medical information that we may need to know of below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Male \_\_\_ Female \_\_\_ Approx. Age \_\_\_

How far can you swim without out a PFD? \_\_\_\_\_

Do you any sailing experience? \_\_\_\_\_ Tell us more: \_\_\_\_\_

Have you taken a sailing class before? \_\_\_\_\_ When? \_\_\_\_\_

Explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Check should be made out to Jeffrey Zipay and Mailed to:

Jeffrey Zipay  
136 Monterey Oaks Drive  
Sanford, FL 32771