

Windsurfing Tryout Application Instructions

A. Windsurfing Tryout is a taster program to understand how you can enjoy and benefit from the sport.

Date:	First choice:	Second choice:
Time:	10:00 a.m. – 2:00 p.m.	
Fees:	\$50 / person (2 days)	
Location:	On the Potomac River near the City of Alexandra, VA	

B. Application:

- Complete the “Windsurfing Tryout Application” and “Participant Health Declarations” and email them to adventure@blessedcenter.org.
- You will receive a confirmation e-mail once you have successfully enrolled.
- Once enrolled, please make payment through **“Zelle” to billing@blessedcenter.org and write “Class Number: OA26-01” in the memo area.**
- Additional information will be provided after we receive your payment.
- Dates and class availability are subject to change depending on factors like weather and others.***

C. For inquiries and questions, please contact:

- Instructor: Raymond Wong at cowong2012@gmail.com or 301-335-6167.

Windsurfing Tryout Application

A. DATE SELECT (list out two consecutive Saturdays of your choice from July to September):

First choice: _____ Second choice: _____

B. APPLICANT INFORMATION

Name (First, Last) _____ DOB _____

Address _____

Phone no. _____

Email _____

C. NOTIFY IN CASE OF EMERGENCY:

Name: _____ Cell Phone: _____ Relationship: _____

D. SWIM TEST VERIFICATION:

To participate in this activity, you must be “water-safe” (be able to swim 50 yards unassisted and tread water for 5 minutes. For children – be able to swim 25 yards unassisted and tread water for 3 minutes).

I certify that I am “water-safe” and can swim 50 yards and tread water for 5 minutes.

Name: _____ Signature: _____ Date: _____

Signature of Parent or Guardian, if applicant is under 18 years of age

I certify that the applicant is “water-safe” and can swim 25 yards and tread water for 3 minutes.

Name: _____ Signature: _____ Date: _____

E. AGREEMENT OF ACCEPT RISKS AND FINANCIAL RESPONSIBILITY

I understand that the Outdoor Watersport Activities organized by the Blessed Center (“Center”), and the transportation to and from, may involve risks, including but not limited to accident, injury, sea sickness, emotional trauma, property damage and even loss of life.

I voluntarily accept these risks and will assume personal responsibility for the financial consequences therefrom. If necessary, I will consult with my physician ahead of time whether I am suitable to participate in these activities of the Center.

In case a dispute arises between the Center and myself, I agree to use arbitration, not litigation, to settle the dispute.

Name: _____ Signature: _____ Date: _____

Participant Health Declarations

A. DATE SELECT:

First choice: _____

Second choice: _____

B. APPLICANT INFORMATION

Name (First, Last) _____ DOB _____

Address _____

Phone no. _____

Email _____

C. PERTINENT MEDICAL INFORMATION

Check if the participant is allergic to any of the following:

- Bee Stings Poison Ivy Insect Bites Foods

Other (if any) – please explain:

Is the participant currently on any medications? _____ (Please list if yes)

Is there any other information you would like to share with the program instructor?

Date of last Tetanus shot: _____

D. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE:

Name: _____ Signature: _____ Date: _____

Signature of Parent or Guardian, if applicant is under 18 years of age:

Name: _____ Signature: _____ Date: _____