



Duluth-Superior Sailing Association  
 Mail to: P.O. Box 3094, Duluth, MN 55803

## MEMBER REGISTRATION

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Name (s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

### CATEGORY

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One-day, date: _____	\$10	_____
Youth (8-18 yr. old)	\$10	_____
Adult	\$110	_____
Family	\$180	_____
Student (18+ full time student)	\$50	_____
Senior/Military (60+ or Military Retired/Active)	\$90	_____
Lifetime	\$1200	_____

**Please note:** The membership fees do not fully cover the cost of providing DSSA programming, which is approximately \$150 per person. If you can afford to make a tax-deductible donation to cover the full cost of membership, or more, this is greatly appreciated. DSSA is committed to providing sailing opportunities for all, regardless of ability to pay.

**Additional donation to support DSSA programs** \$ \_\_\_\_\_

### LESSONS (Fee Include One Year Membership - except for private lesson rate)

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Participant Name	Session Date	Fee
_____	_____	_____
_____	_____	_____

**Circle Class Lesson Type**

Adult \$200	Senior/Military \$180	Student \$120	Youth \$100
Adult Member \$90	Youth Member \$90	Private Lessons - \$20/hr plus membership	

**!** *Must include a completed youth or adult member information form for each individual to be enrolled in lessons.*

**Total Enclosed** \$ \_\_\_\_\_

### WAIVER OF LIABILITY

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I hereby agree to release, indemnify, and hold harmless DSSA from any claim or liability arising from participation of any such participants in any aspect of DSSA's activities, DSSA or its offices, members, employees, and representatives and each person or organization whose property is sued in connection with my such activities. I give permission to DSSA to use any photos and video taken of me/us.

I am aware of and familiar with the risks and dangers involved with the type of vessels and activities in which I will be involved. I have read and understand the posted rules and regulations for participation and the membership handbook and agree to abide by all of them. I have reviewed, read, and understand the above and sign this of my own free will and desire.

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