



Duluth-Superior Sailing Association
 Mail to: P.O. Box 3094, Duluth, MN 55803
2020 MEMBERSHIP REGISTRATION



Name _____

Address _____

Phone (____) ____ - _____ Email _____

MEMBERSHIP

- One Day: ____ / ____ / ____ (Ages 7-29) . **\$10.00**
- (30+ Years of age) . **\$15.00**
- Youth Membership **\$35.00**
- Young Adult Membership (Ages 18-29) **\$60.00**
- Adult Membership **\$125.00**
- Adult NLSC or DBC affiliate **\$99.00**
- Family Membership **\$175.00**

This includes two adults, all children under the age of 18, and full time students under the age of 25. One Free two hour sailing lesson.

FAMILY MEMBERSHIP NAMES	UNDER 18 ✓

VOLUNTEERING: All members are expected to complete four volunteer hours. Families are expected to contribute eight volunteer hours total. Contact us at sailingforall@gmail.com for volunteer opportunities.

Please note: The membership fees do not fully cover the cost of providing DSSA programming. If you can afford to make a tax-deductible donation, this is greatly appreciated. DSSA is committed to providing sailing opportunities for all, regardless of ability to pay.

Additional donation to support DSSA programs \$ _____

TOTAL: Checks may be mailed to the P.O. Box \$ _____

Name on Check: _____ Check No. _____

WAIVER OF LIABILITY

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: _____

All Members must also fill out Wavier of Liability and Emergency Contact Document. Parents must sign this for their children. Members over the age of 18 must sign separate Wavier of Liability.