



Duluth-Superior Sailing Association
 Mail to: P.O. Box 3094, Duluth, MN 55803
2025 MEMBERSHIP REGISTRATION



Name _____

Address _____

Phone (____) _____ - _____ Email _____

MEMBERSHIP

- One Day: ___ / ___ / ___ (Ages 7-29) . **\$10.00**
- (30+ Years of age) . **\$20.00**
- Youth Membership **\$45.00**
- Young Adult Membership (Ages 18-29) **\$70.00**
- Adult Membership **\$150.00**
- Adult NLSC or DYC affiliate **\$99.00**
- Family Membership **\$220.00**

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. Contact us for volunteering information.

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 skill level, physical capabilities, or financial means.

Additional donation to support DSSA programs \$ _____

TOTAL: \$ _____

Name on Check: _____ Check No. _____

All Members must also fill out the DSSA annual waiver of liability document. Members under the age of 18 must have a parent/guardian signature.

Day Membership tally chart. (Use for DSSA day memberships only)

Date						
X						



ANNUAL WAIVER OF LIABILITY

In consideration of the agreement of Duluth-Superior Sailing Association (DSSA) to admit myself as a member or my child into the Junior program membership, and on behalf of myself, all family members and my children. 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 activities or its officers, members, employees, and representatives and each person or organization whose property is used in connection with such activities. Furthermore, if I am signing as a guardian for a minor, I understand that In case of an emergency, every effort will be made to contact me. If I cannot be reached, I hereby grant my permission to the physician selected to secure proper medical treatment, which may include hospitalization, anesthesia, surgery or medication for my child.

I am aware of and familiar with the risks and dangers involved with the type of vessels and activities in which my child or myself 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.

In addition I give permission to the DSSA to use any photos and video taken of me/us for promotional purposes.

EMERGENCY CONTACT INFORMATION

Emergency Contact #1 _____ Relation: _____

Emergency Contact Phone: (_____) _____ - _____

Emergency Contact #2 _____ Relation: _____

Emergency Contact Phone: (_____) _____ - _____

Please list any medical concerns, special needs, or considerations about which we should be aware. Provide a detailed comment so we can be attentive, safe, and helpful.

Full Name of DSSA Member For family membership Full Name of each family member.	Signature <i>Acknowledges acceptance of the conditions outlined above. Signature required from all participants 18 or older.</i>	CHECK if Under 18
<i>Guardian signature required for any participant under the age of 18</i>		
Full Name of Parent or Guardian	Signature	

Today's Date: _____

Any DSSA waiver of liability used before 1/19/2024 is not valid.