



Duluth-Superior Sailing Association  
P.O. Box 3094, Duluth, MN 55803 Email: sailingforall@gmail.com

## 2026 MEMBERSHIP REGISTRATION



Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_\_ Email \_\_\_\_\_

## MEMBERSHIP

<input type="checkbox"/>	<b>Day Membership for All Ages</b> . . . (Ages 0-6 sail for free) . . .	<b>\$20.00</b>
<input type="checkbox"/>	<b>Youth Membership</b> (Ages 7-17) . . .	<b>\$50.00</b>
<input type="checkbox"/>	<b>Young Adult Membership</b> (Ages 18-29) . . .	<b>\$75.00</b>
<input type="checkbox"/>	<b>Adult Membership</b> . . .	<b>\$165.00</b>
<input type="checkbox"/>	<b>Adult NLSC or DYC affiliate</b> . . .	<b>\$110.00</b>
<input type="checkbox"/>	<b>Family Membership</b> . . .	<b>\$240.00</b>

This includes two adults, all children 17 and under, and full time students 24 and under. Also includes a discounted 2 hour lesson for \$75 total.

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 fill out the Annual Waiver of Liability Document (Back side of this page). 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.**

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

**Today's Date:**

Any DSSA waiver of liability used before 1/15/2026 is not valid.