



www.ladyshipsailing.com  
FLORIDA KEYS • BAHAMAS • CHESAPEAKE BAY

Please complete and return to:  
**Her Ladyship** 229 Banyan Lane, Tavernier, Florida. 33070

**General Information**

Student's Name:	Course Date and Location:
Student's Address:	Emergency contact info: Name: Address:
Home phone:	Home phone:
Email:	Email:
Cell phone:	Cell phone:

Your occupation:	Your hobbies:
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**Sailing Experience:**

Have you ever sailed before? \_\_\_\_\_

If yes, what type of boat? \_\_\_\_\_

Have you ever taken a sailing course? \_\_\_\_\_

If yes, please list the course, the duration and with which organization \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your expectations/goals? \_\_\_\_\_

\_\_\_\_\_

**Overall Health:**

Any health restrictions?	Current medications and purpose?
Swimming level (please circle) Beginner      Intermediate      Advanced	Any recent injury or operation?

If you have answer yes to any of the above questions please explain:

\_\_\_\_\_

Her Ladyship sailing school reserves the right to refuse applicant due to health information provided. Sailing can be strenuous at times and weather conditions demand a certain amount of physical fitness. If we find that you should contact your physician before attending, we will have you fill out a medical form that will be reviewed and signed by your physician. The medical form can be downloaded from our website

Special diet or nutritional needs?	Your age group (please circle) 20-30 30-40 40-50 50-60 60-70 70-80 over 80
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Her Ladyship sailing school [www.ladyshipsailing.com](http://www.ladyshipsailing.com) email:info@sunshinesailing.com Ph:305.942.9645