

VENICE WOMEN'S SAILING SQUADRON  
LEARN TO SAIL COURSE



SWIM/LIFT/CAPSIZE REQUIREMENT FORM

I have read, understand and agree that I must successfully pass each portion of these testing requirements before being permitted to continue with the next phase of the Learn to Sail Course and that I have one opportunity to pass each test. I also understand that, with the return of the textbook, a full refund will be given if I do not pass any one of these tests.

Name (Please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_