



Learn to Sail Program Application Form

Program Start Date Adult Learn to Sail Youth Learn to Sail

Full Name

Date of Birth Age

Home Address Post Code

Home Phone Mobile Phone

Emergency Phone Weight [for pfd]s]

Email Address School (if applicable)

Parent/Guardian Name (for students under 18 years of age)

Health Information Please detail any condition[s] you/your child suffers from that the organisers need be aware of and include specific actions to be taken in regard to the condition[s]

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Special Instructions Please detail any information the organisers need to be aware of such as special requirements, activities you/your child should avoid or that require modification or additional supervision

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Release, I agree to,

- 1. The delegation to staff, officers of volunteers of the Adelaide Sailing Club to take whatever prudent measures they feel necessary to ensure the well-being of myself/my child in an emergency and I agree to meet any costs of such action
- 2. To waive and release all right or claim for damages I, my heirs, executors and administrators may have against the Adelaide Sailing Club for any damages I/my child may sustain during training
- 3. Comply with/ensure my child complies with any/all policies and procedures of the Adelaide Sailing Club

Signature

Date

Banking Details for EFT Transfer
Adelaide Sailing Club Incorporated
BSB: 105-015
Account no: 115480940

Payment Receipt No Date

(Please note that payment must be received with this form)