

ENROLMENT APPLICATION

ROYAL SOUTH AUSTRALIAN
YACHT SQUADRON



JUNIOR TRAINING PROGRAM (starts September 2016)

Junior Applicant Details

Junior Training Program
\$270

First Name

MEMBERSHIP NO

Last Name

Date of Birth

Parent/Guardian & Emergency Contact Details (1)

Relationship to Applicant

First Name

MEMBERSHIP NO
(if applicable)

Last Name

Date of Birth

Email Address

Mobile

Business Phone

RSAYS Junior Training Program (Ages 8 to 18 Years)

PROGRAM LEVEL

Start Sailing 1

Start Sailing 2

Better Sailing

Start Racing

Better Racing

Can you assist with any of the following?

Recue Boat Drive

Crew

General Helper

IMPORTANT MEDICAL INFORMATION

Does your child sufferer any form of illness or disability?

YES (please attach details/medical plan)

NO

Does your child suffer from any allergy or allergic to any medication?

YES please specify _____

NO

Is your child a competent swimmer? What level of competency would you describe them to be _____

YES

NO

Second Emergency Contact Details (2)

Relationship to Applicant

First Name

Last Names

Mobile

Business Phone

In the event of an emergency, I authorise RSAYS to arrange any necessary medical treatment for my child where prior notification has not been possible.

My son/daughter is able to swim to the level of ability listed above. I hereby waive any claims that I may have against The Royal South Australian Yacht Squadron or its Officers as a result of any action or omissions on their part in connection with any activity at any time at The Royal South Australian Yacht Squadron

I understand that participating in any sailing program may involve strenuous activity and I declare that my child is physically fit to participate in every aspect of these activities and that I am aware of and accept the risks of my child participating in a sailing program, and declare that the foregoing information is true and correct in every particular.

Signature of Parent/Guardian

Date

The applicable Fees must accompany this enrolment application for processing

rsays@rsays.com.au | 161 Oliver Rogers Rd, Outer Harbor SA 5018 | www.rsays.com.au | (08) 8341 8600

PAYMENT DETAILS

TOTAL AMOUNT PAYABLE

\$

270.00

Payment by:

Cash

Cheque
(Payable to RSAYS)

Credit Card
(details to be supplied below)

Tick



Card No.

CCV

Name On Card (please print).....

Expires /

Card Holder Signature.....

OFFICE USE ONLY

Date Payment Received

MEMBERSHIP NO

SAILING COORDINATOR Enrolled In Relevant YA course