

ENROLMENT APPLICATION

JUNIOR SAIL TRAINING PROGRAM

ROYAL SOUTH AUSTRALIAN
YACHT SQUADRON



(starts September 2017)

Junior Applicant Details

Junior Sail Training Program
\$280

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 Sail 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 \$ 280.00

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 AS course