

# Start Sailing 1&2

Adult Sail Training



**MARCH 2018**

## Registration Form...

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_ HBYC Membership Status: \_\_\_\_\_

Mobile: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mobile: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### Sailing Experience:

YA Number: \_\_\_\_\_ Can you swim 25 metres? Yes / No (Please circle)

If not, how far can you swim?: \_\_\_\_\_

Sailing Experience (if any): \_\_\_\_\_

Level Achieved: \_\_\_\_\_

## Medical information...

Any Dietary requirements: \_\_\_\_\_

Allergies (medication, first aid dressings, insect bites etc.) \_\_\_\_\_

Any health problems\* (e.g. Asthma, Epilepsy, Asperger's, Motion Sickness, Autism, corrective lenses etc.) Yes / No

If yes, provide details: \_\_\_\_\_

Ambulance subscription: YES / NO Date of last tetanus injection: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current Medications: \_\_\_\_\_

**Any Epi-pen carriers or those with an Asthma condition must provide an Action Plan with this form.**

\*Please let us know if there is anything, even if it does not affect their ability to participate.

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## Medical Authority...

In the event of any accident or illness I authorize any officer, servant, or agent of Hobsons Bay Yacht Club (HBYC) to obtain on my behalf such urgent medical assistance, treatment and nursing, hospital and ambulance service, as may be considered appropriate by the officers, servants, or agents of the HBYC and (should it be advised by a duly qualified medical practitioner that it is necessary) authorize a general anaesthetic. This clause also includes any dental treatment urgently required.

I further agree to pay on demand by the HBYC all such medical, hospital, and other fees and expenses incurred or to be incurred in such circumstances other than such fees and expenses as may be recoverable under insurance. I am aware that it is my responsibility to arrange any insurance against loss or damage to personal belongings.

## Consent...

I consent to photographs of me being placed on the Club website, Facebook page and/or in any Club publications: **Yes / No**

I consent to videos (e.g. coaching) being made available on the Internet (e.g. You Tube): **Yes / No**

## General Club Liability...

I, the undersigned, hereby indemnify Hobsons Bay Yacht Club, it's directors, officers, members and employees from any claim for breach of duty of care whilst participating in the adult sail training program. I expressly agree and declare that I indemnify Hobsons Bay Yacht Club and the adult sail training program against all claims and demands in respect of death, bodily injury or damage or property occurring whilst enrolled or participating in any course event or program controlled regulated or operated by the adult sail training program.

I \_\_\_\_\_

Consent to participating in the adult sail training program at Hobsons Bay Yacht Club and agree to the Medical Authority.

I have read and understood the Consent and General Club Liability sections above.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Fees, Inclusions and Dates...

Start Sailing 1 & 2 includes: 2 x Friday evenings and 5 x Sunday mornings of training with qualified instructors, YA workbook and log book.

Start Sailing 1 & 2 will run on the following dates:

Theory Sessions (7pm-9.30pm): 21 April & 28 April

On-Water Sessions (9am-12noon): 23 April, 30 April, 7 May, 14 May, 21 May

**Total Cost:    Non-Members                    \$350**

**Members                         \$300**

Charge Membership Account **Yes / No**

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_