



# CENTREBOARD REGISTRATION

## 2020 /2021 SAILING SEASON

### CENTREBOARD DETAILS

Boat Name: \_\_\_\_\_ Class: \_\_\_\_\_  
 Sail No.: \_\_\_\_\_ Hull Colour: \_\_\_\_\_  
 Is the Boat Insured?  YES  NO Insurance Company: \_\_\_\_\_

### SKIPPER DETAILS

Name: \_\_\_\_\_ Australian Sailing No: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_ EFYC Member No: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Are there any Medical Conditions the Sailing Captain should be aware of? (E.g. Diabetes, Asthma, Allergies, etc)  YES  NO  
 Details:  
 Are you the Owner of the above named yacht?  YES  NO If NO, Owner's Name: \_\_\_\_\_

Skipper's Signature: \_\_\_\_\_ Date: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y |
|---|---|---|---|---|---|---|---|

**If under 18 yrs, please complete Parent/Guardian details:**

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Media Consent Yes  NO

### CREW DETAILS

Name: \_\_\_\_\_ Australian Sailing No: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_ EFYC Member No: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Are there any Medical Conditions the Sailing Captain should be aware of? (E.g. Diabetes, Asthma, Allergies, etc)  YES  NO  
 Details:

Crew's Signature: \_\_\_\_\_ Date: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y |
|---|---|---|---|---|---|---|---|

**If under 18 yrs, please complete Parent/Guardian details:**

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### CREW DETAILS

Name: \_\_\_\_\_ Australian Sailing No: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_ EFYC Member No: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Are there any Medical Conditions the Sailing Captain should be aware of? (E.g. Diabetes, Asthma, Allergies, etc)  YES  NO  
 Details:

Crew's Signature: \_\_\_\_\_ Date: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y |
|---|---|---|---|---|---|---|---|

**If under 18 yrs, please complete Parent/Guardian details:**

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**NB: Australian Sailing Cards will be updated for EFYC Financial Members detailed on this form. Please check AS website for details (My Sailor)**

