ADULT DINGHY SAILING

START SAILING

Each course will be held at East Fremantle Yacht Club over three Sundays from 9am – 12.30pm.
$140 members **|** **$160** non-members

- Attendees are to meet at the Bill Glasson Training Centre located on the riverside on the lower level of the Clubhouse.
- All students must wear a buoyancy vest while sailing.
- Please bring a towel, spare set of clothes, sun block, wet weather gear, drinks and snack to each session.

To register please complete the details below in full and return to the Club Office

Date of Course:_____
I would like to purchase an Australian Sailing Book for an additional $30 ☐ YES ☐ NO

PARTICIPANT DETAILS

Surname: _____ Given Name(s): _____

Gender: ☐ MALE ☐ FEMALE Age: _____ Date of Birth: ☐☐/☐☐/☐☐☐☐

Email Address: _____

Postal Address: _____

Suburb: _____ Postcode: _____

Phone Number ----------

Previous Sailing Experience: ☐ YES ☐ NO

Are you a Member of East Fremantle Yacht Club: ☐ YES ☐ NO If YES, Membership Number: _____

Media Consent: ☐ YES ☐ NO Signature _____

EMERGENCY CONTACT DETAILS

Full Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

MEDICAL INFORMATION

Please include any relevant medical conditions which the organisers should be reasonably aware (for example - asthma or respiratory problems, allergies, diabetes, current medicines, etc)

Details: _____

FORM OF INDEMNITY

I, agree that the East Fremantle Yacht Club (Inc.) or its officers or servants or agents or coaches or anybody or Association or volunteers connected in any way with the conduct of or participation in the Centreboard Training Program shall not be deemed responsible or liable in any way for any injury, illness or any other mishap to my son and or daughter sustained in or arising from or in any way connected with any activity connected with any travelling, practice, competition or function of whatsoever nature held during the Centreboard Training Program.

Name *(Please Print)*: _____ Signature: _____ ☐☐/☐☐/☐☐

PAYMENT METHOD

Please find a cheque attached ☐ Please charge my EFYC Account ☐ Membership Number: _____

Please charge my credit card ☐ VISA ☐ MASTERCARD Expiry Date: ☐☐/☐☐
*1% credit card fee applies

Credit Card Number: ☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐

Name on Card: _____ Signature: _____

OFFICE USE ONLY – August 2020

Date Application Received: _____ **Receipt Number:** _____

Membership Number: _____ **Confirmation Sent:** _____