



CENTREBOARD REGISTRATION

2021 /2022 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
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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
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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
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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)



Full Name:	A u s t r a l i a n S a i l i n g N o :
Postal Address:	E F Y C M e m b e r N o :
Suburb:	P o s t c o d e :
Home Phone:	W o r k P h o n e :
Email Address:	
Are there any Medical Conditions the Sailing Captain should be aware of? <i>(E.g. Diabetes, Asthma, Allergies, etc)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N E S O
Details:	
Crew's Signature:	D a t e :

<i>If under 18 yrs, please complete Parent/Guardian details:</i>		
Full Name:		S i g n a t u r e :
Home Phone:		M o b i l e p h o n e :
<p><i>NB: Australian Sailing Cards will be updated for EFYC Financial Members detailed on this form. Please check AS website for details (My Sailor)</i></p> <p><i>Registration Forms will be sent to the Administration Office. A copy will be kept in the Sailing Room for reference.</i></p>		