EAST FREMANTLE YACHT CLUB

"OUT THERE SAILING"

- 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 (supplied).
- Please bring a towel, spare set of clothes, sun block, wet weather gear, drinks and snack to each

To register please complete the details below in full and return to the Club Office:
Base of Petra Street, East Fremantle OR activities@efyc.com.au
Any queries please phone 9339 8111

Date enrolling in: _____

PARTICIPANT'S DETAILS

Surname: _____ Given Name(s): _____

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

Postal Address: _____

Suburb: _____ Postcode: _____

Previous Sailing Experience: ☐ YES ☐ NO YA Silver Card Number *(If Issued)*: _____

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: _____

Email Address: _____

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 Programme 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 Programme.

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 **December 2019**

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

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