

STUDENT REGISTRATION FORM

COURSE DETAILS
 Course Date
 Instructor

STUDENT DETAILS
 Name
 Phone mobile: Home:
 Email:
 Address
 DOB:

EMERGENCY CONTACT (required for practical courses)
 Name
 Phone mobile: Home:
 Address

EXPERIENCE
 Brief outline of your previous experience (boating experience, own boat)

Do you have radio licence?

Do You have a motor boat licence?

Swimming ability Non swimmer swimmer

APPLICANT DECLARATIONS

- Student agrees to undertake course based on the terms and conditions
- Student understands sailing carries an element of risk. Serious accidents can happen which may result in the applicant suffering injury to person and/or damage to property. The applicant has read and understood this warning and voluntarily accepts and assumes the inherent risks in sailing.
- Any special dietary requirements or food allergies, please list
(if none write none)
- I declare that to the best of my knowledge, I am not suffering from epilepsy, disability, giddy spells, asthma, diabetes, angina, or any other heart condition, and I am fit to participate in the course. Identify any medical conditions relevant to the course or on water activities.
(if none write none)

Student Signature: Date:

GUARDIAN CONSENT (for all persons under 18 years)

Guardian authorises and consent to the applicant participation in the above course and agree to be independently bound to the terms of enrolment

Guardian Signature: Date: