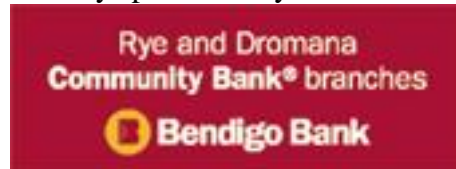




Rye Yacht Club.

Junior Training Program:

Proudly sponsored by:



Sail Training Coordinator: Bob Cooper
Email

Contact phone: 0432270167
info@ryeyachtclub.org.au

STUDENT ENROLMENT FORM:

To be completed by each student (and guardian if the student is under 18) applying for a place in a Sail Training Course offered by Rye Yacht Club.

Privacy Statement:

Rye Yacht Club acknowledges and respects the privacy of individuals. The information that is being collected on this document is for the purposes of processing your enrolment in our Sail Training Program. It assists us in running an effective and safe program that best meets the needs of each individual participant.

Student Details:

Full Name: _____

Date of Birth: ____/____/____ Male / Female (Please circle)

Height (approx.): _____ Weight (approx.): _____

Address _____

Home Phone _____ Mobile _____

Are you a member of Rye Yacht Club? Yes / No

Can you swim at least 50 m safely? Strongly / Comfortably / With a struggle / No

Do you have a wet suit? Yes / No

Have you had any previous sailing experience? Yes / No

If yes, please detail: _____

Do you have any medical condition that we should be aware of? Yes / No

If yes, please list including relevant medication required _____
