

Cruising Yacht Club of Hamilton Island Kids Discover Sailing Program 2020 / 2021

Enrolment Form

Name:			Date of Birth:
□ Male	□ Female	AS Sailor ID #:	CYCHI Member #:
Address:			
Mobile:		Email:	
Parent/Guardia	n Name:		Mobile:
□ NO DISABILITIES & N <i>Do you have a disparticipation?</i>	□ YES - If yes - MEDICAL INFORM sability, impairm □ NO □ Y	y recommended that participar how far can you swim: MATION ent or long-term medical condi ES - If yes, please indicate your	ition which may affect your
If you have answ		you like to receive advice on su	
external audit Declaration: (ple If under the age of Cruising Yacht Cli that facilities ma of proper use and I understand tha Cruising Yacht Cli has risks and dan weather.	ease read careful of 18 this form m ub of Hamilton Is de available for r d relevant rules. t: ub of Hamilton Is agers, as it is perf	Iy) nust be signed by parent/guard sland Rules and regulations, Clumy use will be used only in account confirm the accuracy of the instand advises that the sport of stormed on the water and is subsequent	lian. I agree to abide by the ub Policy and acknowledge ordance with the principles of a provided. Sailing and learning to sail oject to the elements of the
	ng Program: us. Sailing Fee, Ta	□ Tackers 1 □ Tackers 2 ackers student pack, Insurance 020).	
Payment to be n BSB: 034 – 202 Account No: 118 Reference: (Stud Signature:	758 ent Name)	 Date:	
		pt No:	

CYCHI Kids Discover Sailing Enrolment form 2020 / 2021 - Version 1 $\,$