

## Rye Yacht Club.

## **Safety Boat Operator Course.**



Sailing School Coordinator: Bob Cooper Contact phone: 0432270167

Email 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 **SAFETY BOAT OPERATOR Course** offered by **Rye Yacht Club**.

## **Privacy Statement:**

**Full Name:** 

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.

Date of Birth:	/ /	Male / Female	(please circle	e or delete)	
Address:					
Home Phone:		Mobile:			
Email address:					
YA Number:					
Can you swim at le	east 50m safely?	Strongly/Comfortab	ly/ With a st	truggle/No	
Do you have a wet suit?			Yes / No		
Have you a Powerboat Licence?			Yes / No		
If yes, insert your	licence number:				
Do you have any medical condition that we should be aware of?  Yes / No					
If yes, please list including relevant medication required:					
<b>Emergency Contac</b>	t Details:				
Name:		Phone:			
Address:					
Relationship:					
*This information will also be used as EMERGENCY CONTACT DETAILS					

Please also complete and sign the second page:

If you are returning the form via email you can sign the hard copy available on the first day of your course.

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**Warning:** Sailing carries an element of inherent risk. Weather conditions can change quickly and may cause unexpected situations to occur. Serious accidents can happen despite well planned activities and due care in supervision. The applicant acknowledges and understands that they accept the risks involved in the program activities and voluntarily agrees to take part in them.

I have read the warning above and wish to apply for a place in the program fully understanding the risks involved.

risks involved.				
Applicant signature:		Date:	/ /	
Guardian: (If applicant is under 1	•			
I authorise and consent to the app the inherent risks involved. I also true and accurate.	• •		•	
Guardian signature:		Date:	/ /	
Course Payment:  Please note that to enrol in a Power and complete a Membership Applica	ation Form and pay t	he appropriate Mem	bership Fee.	
Course enrolment for: Safety Boat Operator:	Fee Payable: \$15		Amount Paid:	
The \$150 fee includes a copy of the course commencement.  Payment Method: please specify		Handbook." Paymen  Credit Card	t is required 1 week before  EFT payment	
EFT Payments can be made to our Bendigo Bank, Acc. Name: RYC SAII	account, details ar	e:	1	
Please make sure you clearly				
Or pay via Credit/ Debit Cards (M	aster Card/Visa/Deb	it)		
Expires:		CCV		

Photographs of activities in the Learn to Sail Program will be taken on occasions. Rye Yacht Club may wish to use them in promoting or publicising the Program with your permission. If you consent to this please complete the following:

I consent to any photographs of the applicant being used in official promotion or publicity material produced on behalf of Rye Yacht Club.

Participant's Consent:	<b>Guardian's Consent:</b>	
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