



TRAINING APPLICATION and IDEMNITY FORM 2007

SKIPPER

Name: _____

YA Membership No. _____

Address: _____

Telephone: _____

Emergency Contact: _____

Email address _____

CREW

Name: _____

YA Membership No. _____

Address: _____

Telephone: _____

Emergency Contact: _____

Email address _____

Boat Name: _____ **Boat no:** _____

I hereby release the Flying Eleven Sailing Association of Australia Inc, all clubs involved and any representative thereof, from any claim or demand I may have, or deem myself to have, on my behalf arising out of any loss or injury that might occur on or arising out of the training program and indemnify the Flying Eleven Sailing Association of Australia Inc and all clubs involved and any representative thereof against any claim made.

Signed Parent/Guardian _____ (Skipper) Date _____

Signed Parent/Guardian _____ (Crew) Date _____

Venue Booking

- January Training Venue

Nedlands Yacht Club

- Program Preference

Session full program \$75

☐

Individual days

\$30 per day

☐

(Tick dates for individual days only if not attending full session)

SESSION	
Jan 2 nd	<input type="checkbox"/>
Jan 3 rd	<input type="checkbox"/>
Jan 4 th	<input type="checkbox"/>

Cheques and forms should be sent by 29th Dec, 2006 to:

David Lowe
F11 National Treasurer
27 Harcourt Place,
North Avoca NSW 2260