

ROYAL YACHT CLUB OF VICTORIA

Junior Sailor Enrolment and Parent Consent Form 2016 - 2017 Season

Surname: _____ First Name: _____

Postal Address _____

_____ Postcode: _____ Date of Birth: ____/____/____

RYCV Membership status: _____

Yachting Australia registration number: _____

Phone: Home: _____ Mobile : _____

Parents Name: _____

Contact Number: _____ Mobile: _____

Email Address _____ @ _____

Parents Email _____ @ _____

Emergency Contact (**not** Mother/Father/Immediate Caregiver) Mr/Mrs/Miss _____

Contact Number: _____ Mobile: _____

Any health problems (eg: asthma, epilepsy etc) ☐ yes ☐ no

If yes, please give details:

Medication Details :

Swimming Ability (Please tick appropriate box)

I can swim ☐ no ☐ yes-> ☐ 10m ☐ 50m ☐ 100m ☐ More

I consent to photographs being placed on the Club web site and/or in Club publications. Yes / No

I consent to videos (e.g. coaching) being made available on the internet (e.g. YouTube). Yes / No

I wish to participate in the RYCV Cadet Coaching program for season 2013/2014, with the cost of \$17 per session per sailor being billed to members account _____. Yes / No

General Club Liability

I, the undersigned, hereby indemnify the Royal Yacht Club of Victoria, its directors, officers, members and employees from any claim for breach of duty of care whilst participating in Cadet Program. I expressly agree and declare that I indemnify the Royal Yacht Club and the Cadet Program against all claims and demands in respect of death, bodily injury or damage or property occurring whilst enrolled or participating in any course event or program controlled regulated or operated by the Cadet Program.

I _____ being Parent/Legal Guardian of _____

Consent to him/her to participating in the Cadet Program at the Royal Yacht Club of Victoria.

Signed : _____ Date: _____
(Parent/Guardian)