



Junior Learn to Sail enrolment form

Course details Please tick which course you are enrolling for:

- | | | |
|----------------------|--|---|
| 6 - 10 October 2008 | <input type="checkbox"/> J01 9:00am – 12:30pm | <input type="checkbox"/> J02 1:00pm – 4:30pm |
| 12 - 16 January 2009 | <input type="checkbox"/> J03 9:00am – 12:30pm | <input type="checkbox"/> J04 1:00pm – 4:30pm |
| 19 - 23 January 2009 | <input type="checkbox"/> J05 9:00am – 12:30pm | <input type="checkbox"/> J06 1:00pm – 4:30pm |
| 26 - 30 January 2009 | <input type="checkbox"/> J07 9:00am – 12:30pm | <input type="checkbox"/> J08 1:00pm – 4:30pm |

Child's name _____

Date of Birth _____ **Age** _____

Parent/ Guardian Name _____

Address _____

Email _____

Phone Hm _____ **Mob** _____ **Wk** _____

Medical Information Please tick if the enrolled sailor has any of the following:

- Epilepsy Asthma Diabetes Fits of any type

Other (please specify) _____

Is the child currently taking medication that will need to be given? No Yes

If YES, please state: Ailment/s

Name of medication/s:

Dosage and time/s to be taken

Other treatment:



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Declaration

While safety is paramount at Worser Bay Yacht Club all participants attend at their own risk. All participants are supplied with a buoyancy aid that is worn while sailing, on patrol boats and in and around the water.

My child is able to confidently swim 50 metres in a pool.

Parent (*print name*) _____ (*Signed*) _____

Sailor (*print name*) _____ (*Signed*) _____

Date _____

Payment options

Course cost \$175.00 (incl GST)

Please indicate how you wish to make payment:

Cheque I have enclosed a cheque payable to *Worser Bay Boating Club* with this Enrolment form.

Internet banking I have made a direct payment into the Worser Bay Boating Club bank account: **02 0536 0158332 000**
Please include surname and selected course code in Payee details.

Post completed enrolment form (and cheque if paying by cheque) to:

**Learn to Sail
Worser Bay Boating Club
PO Box 15030
Miramar
Wellington**