

Parkdale Yacht Club 2015/16

Junior Learn To Sail Enrolment form



Name: _____ Age: _____

Medical issues or allergies that we need to be aware of: Yes No

If yes, please provide details, which will remain confidential to relevant instructor :

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.....

I am in good health and have no medical conditions that would hamper by ability to learn how to sail. I understand that the sailing course may involve strenuous activity and there is an inherent risk involved in the activity. I authorize Parkdale YC, their officers, and their instructors to seek and administer whatever medical assistance is considered necessary and I agree to pay the cost in doing so. I will indemnify Parkdale YC, their offices, instructors for any loss or damage they may suffer as a result of any of my actions of the sailing course whether or not that loss or damage was my fault. I waive any and all of my rights against Parkdale YC, their officers, instructors and assigns in respect of any injuries suffered or damaged as a consequence of my participation in the course. During the season we expect that photographs will be taken of many sailors, these photos may be used around the club and on the club's website.

I, _____ (parent/guardian) give my permission for
_____ to undertake the sailing course on the above basis;
I confirm that all medical statements are accurate.

Signed _____ Date: _____

Parent/Guardian details

Name : _____

Address: _____

Email: _____

Emergency contact person & number : _____

(We will not knowingly disclose any of your details to third parties.)