



Royals Training Centre TACKERS ENROLMENT & BOOKING FORM



Course Start Date _____ School Holiday Program OR Regular Saturday/Sunday

Enrolling for: TACKERS 1 TACKERS 2 TACKERS 3 TACKERS INTRO GREEN FLEET

2. Participant 1 Information

First name _____ Male / Female
 Surname _____ Date of Birth __/__/____
 Street Address _____ Australian Sailing No. _____
 Suburb _____ State _____ Postcode _____
 E-mail _____
 School attending _____ Grade _____
 School suburb _____ Does the school do sailing as a sport **No** **Yes**

Swimming Ability: Can't Swim Average Good

T-Shirt Size (years): 8 10 12 14

Are you a RYCV Member? **No** **Yes** #: _____

2a. Participant 2 Information

First name _____ Male / Female
 Surname _____ Date of Birth __/__/____
 Street Address _____ Australian Sailing No. _____
 Suburb _____ State _____ Postcode _____
 E-mail _____
 School attending _____ Grade _____
 School suburb _____ Does the school do sailing as a sport **No** **Yes**

Swimming Ability: Cant Swim Average Good

T-Shirt Size: 8 10 12 14

Are you a RYCV Member? **No** **Yes** #: _____

3. Primary Parent / Guardian contact details

Name _____ Relationship _____
 Telephone _____ Mobile _____
 E-mail _____



Is your family happy to receive information and promotions not directly related to the Learn to Sail Program from YA and TACKERS corporate partners or the local yacht club? **No** **Yes**

4. Medical

Does your child suffer from any illness or disability? Yes / No (if yes, please provide details to co-ordinator)

Does your child suffer from any allergy or is he / she allergic to any medication Yes / No

(if yes, please provide details to Ian Fox RTC Sail Training Manager)

In case of emergency, please contact; name _____

Telephone (s) _____ Mobile _____

In an emergency, do you authorise the Sail Training Manager to arrange any necessary medical treatment for your child where prior notification has not been possible? **No** **Yes**

5. Signature

I acknowledge that:

- This waiver covers activities conducted by Royal Yacht Club of Victoria, referred to here as The Club.
- My son/daughter is able to swim to the level of fallibility listed above.
- I hereby waive any claims that I may have against Royal Yacht Club of Victoria or its Officers as a result of any action or omissions on their part in connection with any activity at any time at Royal Yacht Club of Victoria.
- I understand that participating in any sailing program may involve strenuous activity and I declare that my child is physically fit to participate in every aspect of these activities and that I am aware of and accept the risks of my child participating in a sailing program. I also hereby confirm that the information provided by me herein is true and correct.
- I consent to photographs of my children being placed on the Club Web site and/or Club publications

Signed (parent or legal guardian)

Date _____

PAYMENT DETAILS: \$280 per child per TACKERS 1, 2, 3 or Green Fleet

VISA **MASTERCARD** **CHEQUE** **CASH** **Internet**

Credit Card No. _____ Expiry Date _____

CCV No. _____ Amount: \$ _____

Name on Card _____

Signature of Card Holder _____

Internet Transfer Details BSB: 083893 A/C:517114377 Ref: 'your child's surname'

Cheques Payable to: Royal Yacht Club of Victoria

NB – There is a 1.5 % surcharge on all credit card payments

By Hand/Post: RYCV, 120 Nelson Place (PO Box 51), Williamstown VIC 3016 **Tel: Ian 0413 615 874 or RYCV Office 03 9397 1277 if you have any questions**

