

7 Park Street Launceston 7250 Phone: 03 6331 8013

## **SAILING SCHOOL/CLUB TRAINING**

SEASON:			
Period		Level	
September School holiday program		Learn to Sail	
Pre Christmas program		Intermediate Optimist	
Post Christmas program		Advanced Optimist	
		Open Fleet	
First Name:		Surname:	
DOB:			
Address:			
Phone:		Email:	
All registrants must complete the Health Information Sheet, and Med		` · · ·	· 18),
It is a requirement for this Sailing Sowater.	chool	that the participant can swim and	tread
Indemnity In consideration of the organizers accepting times hereafter to keep effectively indemnity on its behalf in or about the conduct of Distogether with any person participating the suits, actions and other claims of every person claiming through him/her but for the arising from or in connection with any activity	ified th Dinghy rein (tl descri nis ind	e organisers and/or any person acting for Sailing or in any way in connection them he Indemnified) against any and all dem ption and nature which my said child of emnity might otherwise have whatever r	or it or rewith ands, or any nature
Dated this day of 201			
Signature:(Parent/Guardian if skipp	er un	der 18)	
Name:			
Office Use Only			

Paid \$\_\_\_\_\_ Date Paid:\_\_\_\_\_