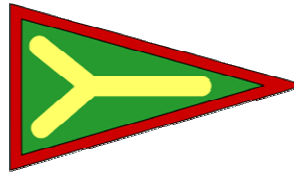


We build strong **PEOPLE**
strong **FAMILIES** strong **COMMUNITIES**



THE YMCA SAILING CLUB OF CANBERRA

Training Jorja Moran

P: 02 6285 3670

F: 02 6285 3815

Email jorja.moran@ymca.org.au

Boatshed: Yarralumla Bay, Yarralumla

PO Box: E6059 Kingston ACT 2604

Ph / Fax: 6281 1396

Web: www.ymcacanberra.org.au/sailing_club

2005 COURSE APPLICATION FORM

<u>Sunday Training Course - \$187</u>	<u>School Holiday Training Course - \$253</u>
Insert Course Dates	Insert Course Dates

Name: _____

Address: _____

Telephone: (W) _____ (H) _____

E-Mail: _____

Age: _____ (Min age is 10yo) Sex: _____

Health concerns/disabilities that may affect your participation in sail training (you must be able to swim).

Emergency Contact (Name and Ph): _____

Previous Sailing Experience (if any): _____

OFFICE USE ONLY

Payment enclosed \$ _____ cash/ cheque/ money order (please circle)

Date Paid _____ Receipt Number _____

INDEMNITY STATEMENT & STATEMENT OF PARENT/ GUARDIAN ON BEHALF OF A MINOR

I hereby apply for enrolment (of the above-named minor) in YMCASC sailing training. I accept that the YMCASC and/or its officers and instructors cannot be held responsible for any injury or damage to persons or property. I request that any necessary medical attention be supplied at my expense in an emergency and that the emergency contact be informed on the telephone number advised above.

Signature of Applicant:

(Parent/ guardian to sign if child under 18 yrs)

HOW DID YOU HEAR ABOUT OUR SAILING TRAINING COURSES? (please tick)

<input type="checkbox"/> Friends/word of mouth	<input type="checkbox"/> Participated in previous courses
<input type="checkbox"/> Internet/YMCA website	<input type="checkbox"/> Newspaper advertisement
<input type="checkbox"/> Holiday Happenings advertisement	<input type="checkbox"/> Yellow/White pages advertisement