



# Rye Yacht Club.

## Adult Coaching Program.



Sailing School Coordinator: Bob Cooper  
Email

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### STUDENT ENROLMENT FORM:

To be completed by each adult applying for a place in the **ADULT COACHING PROGRAM** offered by **Rye Yacht Club**.

#### Privacy Statement:

Rye Yacht Club acknowledges and respects the privacy of individuals. The information that is being collected on this document is for the purposes of processing your enrolment in our Sail Training Program. It assists us in running an effective and safe program that best meets the needs of each individual participant.

|                         |   |                         |                                         |
|-------------------------|---|-------------------------|-----------------------------------------|
| <b>Full Name:</b>       |   |                         |                                         |
| <b>Date of Birth:</b>   | / | /                       | Male / Female (please circle or delete) |
| <b>Height (approx):</b> |   | <b>Weight (approx):</b> |                                         |
| <b>Address:</b>         |   |                         |                                         |
| <b>Home Phone:</b>      |   | <b>Mobile:</b>          |                                         |
| <b>Email address:</b>   |   |                         |                                         |

|                                                                      |                                          |  |  |
|----------------------------------------------------------------------|------------------------------------------|--|--|
| <b>Can you swim at least 50m safely?</b>                             | Strongly/Comfortably/ With a struggle/No |  |  |
| <b>Do you have a wet suit?</b>                                       | Yes / No                                 |  |  |
| <b>Have you any previous Sailing experience?</b>                     | Yes / No                                 |  |  |
| <b>If yes, please detail:</b>                                        |                                          |  |  |
|                                                                      |                                          |  |  |
| <b>Do you have any medical condition that we should be aware of?</b> | Yes / No                                 |  |  |
| <b>If yes, please list including relevant medication required:</b>   |                                          |  |  |
|                                                                      |                                          |  |  |
|                                                                      |                                          |  |  |
|                                                                      |                                          |  |  |
|                                                                      |                                          |  |  |
|                                                                      |                                          |  |  |
|                                                                      |                                          |  |  |

Please also complete and sign the second page:

If you are returning the form via email you can sign the hard copy available on the first day of your course.

**Emergency Contact Details:**

|                 |  |                      |  |
|-----------------|--|----------------------|--|
| <b>Name:</b>    |  | <b>Relationship:</b> |  |
| <b>Address:</b> |  |                      |  |
| <b>Phone:</b>   |  | <b>Mobile:</b>       |  |

**Declaration:**

**Warning:** Sailing carries an element of inherent risk. Weather conditions can change quickly and may cause unexpected situations to occur. Serious accidents can happen despite well planned activities and due care in supervision. The applicant acknowledges and understands that they accept the risks involved in the program activities and voluntarily agrees to take part in them.

I have read the warning above and wish to apply for a place in the program fully understanding the risks involved. I also declare that the information supplied on the Application Form is true and correct.

|                             |  |              |     |
|-----------------------------|--|--------------|-----|
| <b>Applicant signature:</b> |  | <b>Date:</b> | / / |
|-----------------------------|--|--------------|-----|

**Course Payment:**

*Please note that to enrol in a Sailing Course at Rye Yacht Club you must also become a Club Member and complete a Membership Application Form and pay the appropriate Membership Fee.*

**Course Fee is**                      **\$50**    for 4 sessions if using your own boat  
                                         **\$100**    for 4 sessions if using a Sailing School boat

*Payment is requested 1 week before course commencement.*

**EFT Payments** are preferred and can be made to our account, the details are:

**Bendigo Bank, Acc. Name: RYC SAIL TRAINING SCHOOL, Acc Number: 1530 37304, BSB Number: 633-000**

*Please make sure you clearly identify your payment with your family name and SS as a reference.*

OR

*By credit card at the club*

**Photograph usage consent:**

Photographs of activities in the Learn to Sail Program will be taken on occasions. Rye Yacht Club may wish to use them in promoting or publicising the Program with your permission. If you consent to this please complete the following:

I consent to any photographs of the applicant being used in official promotion or publicity material produced on behalf of Rye Yacht Club.

|                             |  |
|-----------------------------|--|
| <b>Applicant's Consent:</b> |  |
|-----------------------------|--|