

# Soldiers Point Sailing School

at

## Soldiers Point Marina

### Adult Enrolment Form

#### Information:

Name..... Age..... Gender.....

Can swim 50 metres unassisted?      Yes       No

#### Emergency Contact Details:

Name..... Email.....

Address..... City.....

Postcode..... Home Phone..... Mobile Phone.....

#### Additional Information

Please indicate another phone number contact for duration of lessons

1.....

#### Medical Information:

Does you suffer from any medical conditions:.....

Special requirements.....

Medicare Number.....

**Payment Details:**    cash       cheque       money order       eftpos       Mastercard       Visa

           Cardholder's name: ..... Expiry Date .....

If paying by cheque please make out to: **Soldiers Point Sailing School**

#### Risk Waiver

In the case of an emergency, I authorise the program staff, where is it impracticable to communicate with me, to arrange for myself to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while I am enrolled with the program. I understand that although Soldiers Point Sailing School and its service providers attempt to minimise any risk of personal injury within practical boundaries accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of this program. I agree to abide by all regulations and safety requirements and to agree to abide by the reasonable directions of the coaches and assistants. I do hereby indemnify and keep indemnified the organisers, members, officers, agents, volunteers and program coaches from all claims, costs, demands whatsoever and howsoever arising from our acceptance of this entry, and the participation in the sailing program, whether it be for personal injury or damage to boat or equipment and whether during rescue operations or otherwise. It is acknowledged that participation be at the participants own risk.

**Signed:**.....

#### Media Consent

I consent to allow Soldiers Point Sailing School to use my name and any photographs, sound and film recordings taken of myself at this program for the promotion of Soldiers Point Sailing School services to the media and general public.

I consent

Sunset Boulevarde, Soldiers Point NSW 2316 Ph (02) 4982 7773....[info@soldierspointsailingschool.com.au](mailto:info@soldierspointsailingschool.com.au)  
[www.soldierspointsailingschool.com.au](http://www.soldierspointsailingschool.com.au)