



**Manly 16ft Skiff Sailing Club Ltd  
School Holiday Camp  
20 – 23 April 2009  
Student Registration Form**

**Please note:** (1) This registration form must be fully completed and accompanied by the course program fee.  
(2) A program will be forwarded upon receipt of your completed registration form.

**PLEASE RETURN THIS FORM TO THE SAILING OFFICE BY: 14<sup>th</sup> April 2009.**

Manly 16ft Skiff Sailing Club

Ph: (02) 9977 3322

Cnr East Esplanade & Stuart St,  
MANLY NSW 2095

Fax: (02) 9976 2804

Email: sailing@manlyskiff.com.au

**PARENT: (Father)**

\_\_\_\_\_ SURNAME FIRST NAME

**PARENT: (Mother)**

\_\_\_\_\_ SURNAME FIRST NAME

**CHILD NOMINATION**

Please register the following child/children for the M16'SSC School Holiday Camp. Mon 20<sup>th</sup> April – Thurs 23<sup>rd</sup> April 2009

Name	DOB	Cost per Child Holiday Camp - \$350.00 Includes Lunch & Refreshment pack per day

**TOTAL \$** \_\_\_\_\_

Please find enclosed cash/cheque for the amount of: \$ \_\_\_\_\_

or charge my credit card.

Name on Card: \_\_\_\_\_

Type Of Card:

Number: \_\_\_\_\_

- Visa
- Bankcard
- Amex (surcharge 3%)
- Mastercard

Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**CONTACT DETAILS:**

**Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Phone Numbers:**

**Mother                      Father**

**Home:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

*The Manly 16FT Skiff Sailing Club School Holiday Program is open to all community children aged between 7-16yrs of age. A condition of entry into the programme is that all children must be able to competently swim 25 meters.*

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**INDEMNITY/PARENTAL CONSENT FORM**

I hereby give my consent for my child/children \_\_\_\_\_ to participate in the School Holiday Programme.

I am aware of the contents of the Manly 16' Skiff Club's Risk Warning (see below). I hereby release the Manly 16ft Skiff Sailing Club Ltd, and any representatives thereof, from any claim or demand that I may have or deem myself to have on my behalf arising out of the Training Program and indemnify the Manly 16ft Skiff Sailing Club and any representatives thereof against any claim that may be made. I also authorise Club representatives to seek appropriate medical assistance as required.

MEDICARE NUMBER: \_\_\_\_\_

**Manly 16ft Skiff Sailing Club Risk Warning**

*Whereas the Manly 16ft Skiff Sailing Club (the club) undertakes that all Sail School staff are very experienced and competent sailors and all care will be taken to ensure the safety of all participants it should be understood that participation in the sport of sailing carries a risk of personal injury and I understand that risk and that the club is not responsible for any harm or injury suffered by any person in any sailing event conducted or hosted by the club of whatever nature. All parents or guardians and participants acknowledge that competing in sailing events may be dangerous and may result in harm or personal injury and participate in such events aware of such dangers and voluntarily accepting any risk of harm.*

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME

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