

APPLICATION FORM



1. **Course Applying for:** **Tackers 1 – Term 1 Program – from 24th February 2024**
At Discover Sailing Centre **Mordialloc Sailing Club (MSC)** *Application does not guarantee a place in this course. Places are limited. Coordinator will acknowledge receipt and confirm if Application is successful.*

2. **Participant ("your child") Information**

Full name _____ Male / Female _____
Preferred Name _____ Rashie Size 8 10 12 14 Date of Birth ____/____/____
Address _____ Postcode _____
School attending _____ Grade _____
Can your child confidently swim 25 metres ? Yes / No
Is your child currently a member of a Yacht club? Yes / No If yes which club? _____

3. **Primary Parent / Guardian contact details**

Name _____ Relationship to child _____
Telephone numbers: Home _____ Mobile _____ Work _____
Parent or Guardian's E-mail _____
Can you assist with any of the following? Administration [] Rescue boat driver / crew []
Coaching [] First Aid [] Sausage Sizzle [] Canteen General Helper []
Authorised person collecting the child / participant _____
Please inform the MSC Coordinator or Instructor if your child will be collected by a person other than you.

4. **Medical Information**

Does your child suffer from any illness or disability ? Yes / No
Does your child suffer from any allergy or is he / she allergic to any medication ? Yes / No
Will your child need to administer medications whilst taking in part in Tackers at MSC ? Yes / No
Does your child suffer from behavioural difficulties that the Tackers staff should be aware of ? Yes / No
(If yes to any of these Medical questions, please provide full details to the Sail Training Coordinator)

5. **Image Consent**

As part of the Tackers program images may be taken for promotional use within the club or on our website or the website of Australian Sailing or related organisations.

6. **Signature** I _____ acknowledge and give consent to images being taken of my child during the Tackers Program and authorise Mordialloc Sailing Club (the Club) to use such images for promotional or other purposes without my further consent being obtained. Further, I consent to the Club, Australian Sailing using my name, image, likeness and also my child's performance in the Tackers Program, at any time, to promote the Tackers Program or Club activities by any form of media and hereby confirm that the information provided above is true and correct.

Signed (Parent / Guardian) _____ Date ____/____/____

7. **Send: by email to training@mordiallocsc.com.au OR Phone/Text Dale on 0415595754 to arrange collection/drop off. This form after Payment details shredded is retained by MSC Sail Training Coordinator**

Office Use Only		Australian Sailing – New () or Existing ()		
Receipt #	MYOB #	AS #	MyClub ()	MyCentre ()

8. **Payment details** **Method:** Cheque (payable to 'Mordialloc Sailing Club') _____ **OR** Cash _____
OR Direct Credit to MSC Account _____ **OR** Card type: VISA _____ MasterCard _____
Cardholders Name _____ Amount \$ **320** – 00 _____
Card Number _____ Expiry Date ____/____/____
Cardholders Signature _____ Date ____/____/____

