



Mordialloc Sailing Club Inc.

PO Box 5018 Mordialloc 3195 Inc. No: A0017355J



Windsurfing training Application – Course dates by arrangement. *Application does not guarantee a place in this course. Coordinator will acknowledge receipt & confirm if Application is successful.*

First Name: _____ **Surname:** _____

Address: _____

_____ **PostCode:** _____ **Date of Birth:** ____/____/____

Telephone: Home _____ **Mobile Ph:** _____

Occupation: _____ **Work Ph:** _____

Previous Sail Training or Windsurfing experience: _____

Email: _____

Medical Details and Consent: Emergency Contact Name: _____

Phone No: _____

Any medical problems we should be aware of: _____

Parent/Guardian Consent for Junior Trainees: I _____ Parent/Guardian of _____ give permission for him/her to participate in the Mordialloc Sailing Club Inc. Windsurfing Training Program and authorise the officers of the Mordialloc Sailing Club Inc. to consent on our behalf to any urgent medical treatment for the above, requested by a Medical Practitioner (except as specified below), if it is not possible to contact us directly.

_____ Parent/Guardian (signature): _____

Select **only one** of the following

Windsurfing Training Fee (New / Non Members) – Includes :

One RYA Start Windsurfing eBook Redemption Voucher

One MSC club polo shirt for your first Windsurfing course

4 Months Complimentary MSC Trainee Membership and use of MSC training Windsurfer (under supervision) up until the end of the current sailing season & Australian Sailing Membership

Intermediate & Senior (19 yrs and over on 30-6-2023) \$420.00 _____

Junior (Under 19 yrs on 30-6-2023) \$360.00 _____

Existing fully paid members only :

Intermediate, Senior or Junior \$360.00 _____

Copyright and right to use image: I acknowledge and consent to images being taken of me (or Junior Trainee) participating in the Windsurfing Program & 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 using my name, image, likeness and also my performance in the Windsurfing Program, at any time, to promote the Windsurfing Program or Club activities by any form of media. **Applicant (or Parent /Guardian) signature:** _____

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 ()

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 \$ _____

Card Number _____ Expiry Date ____/____/____

Cardholders Signature _____ Date ____/____/20____