

Queensland Opti Development Camp

Application Form

Sailor's name: _____

Date of Birth: _____

Yachting Australia Membership Number: _____

Home Yacht Club: _____

Name of Opti: _____

Opti Sail Number: _____

Contact Details:

Sailor:

Phone (H): _____

Mobile: _____

Email: _____

Parents:

Names: _____

Phone (H): _____ (W): _____

Mobile: _____

Email: _____



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Affiliated with
Yachting Australia

Partners



Sponsor



Does the sailor have any medical issues or concerns that the coaches and supervisors need to be aware of? **YES** **NO**

Please provide details:

Does the sailor have any special dietary needs or requirements? **YES** **NO**

Please provide details:

Will there be a parent/s accompanying and camping at HYC? **YES** **NO** How many? _____

Will the parent/s require meals provided by HYC? \$40/person for the weekend?

YES **NO** Extra cost: \$ _____

Payment Options:

Amount payable: \$ _____

Cheque made payable to Yachting Queensland

Credit Card: MasterCard Visa Bankcard (Please circle)

Card Number: ____/____/____/____ Expiry Date: ____/____

Name on Card: _____ Signature: _____

Direct Deposit

Please note sailors name and the word Opti for reference. Eg Ben Callard Opti

Name: Yachting Queensland Bank: Westpac Bank Morningside Branch

BSB: 034-058 Account Number: 154649

Please send advice of deposit by fax to: 07 3393 6799 or email to: ben@qldyachting.org.au

Indemnity:

As a Parent/Guardian of _____ I, _____ hereby consent to his/her participation in this event. I acknowledge that Yachting Queensland, the Humpybong Yacht Club and/or the Queensland International Optimist Dinghy Association, its members, officers, servants or agents and all other involved in the organisation of this event, will not be liable for any loss of life or injury of for the loss of property or damage thereto , whatsoever or however occurring.

I give my consent for him/her to participate in the camp activities as detailed in the attached information sheet. I am aware of the nature of the activities and agree to delegate my authority in the event of illness or accident, I authorise the obtaining of such medical assistance as my child may require. I accept all medical treatment, blood transfusions and/or anaesthetic risks involved and the responsibility for payment of any expenses incurred.

I declare that I hold and have produced a copy of a valid and current certificate of insurance which covers my boat with third property and includes third party liability cover, (minimum guarantee of \$5 million). Cover includes whilst racing my boat. **I acknowledge that I am not eligible to participate at this event where such insurance is not in place.**

Signed: _____

Date: _____

Medicare No.: _____
Private Hospital: YES No
Fund: _____

Emergency contact phone numbers:

Name: _____

Phone: (H) _____ (W) _____ (M) _____

Name: _____

Phone: (H) _____ (W) _____ (M) _____

Medical Information:

Is your child on any prescribed medication(s), which would be required to be continued during the training camp? YES NO If yes please provide details:

Does you child have any allergies (eg insect bites, food)? YES NO if yes please provide details: _____

Is there any other information you would like to give which, in your view, may affect your child's participation at the development camp? YES NO If yes please provide details:

