



YACHTING QUEENSLAND JUNIOR/YOUTH SAILING CAMP

Camp 6-8 December 2006 (inclusive)



Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

Contact Number: (h) _____ (m) _____

Club: _____ YA # _____

Parent / Guardian /Emergency Contact: _____

Contact Number: (h) _____ (w) _____ (m) _____

Class Sailed: _____

Brief description of sailing experience (please attach additional pages if required): _____

Do you have a medical condition that the camp organisers should know about?

No / Yes - if yes please supply details: _____

What event/s are you currently preparing for? _____

Accommodation is available at the Yachting Queensland building please see details and booking information on the YQ website or phone YQ for details.

Royal Qld Yacht Squadron also has an accommodation listing on their website – www.rqys.com.au

~ DON'T FORGET ~
SAIL BRISBANE 2006 - ISAF GRADE 2 EVENT
Saturday 9th - Tuesday 12th December 2006 (inclusive)
At the Royal Queensland Yacht Squadron

This form must be signed by Parent / Guardian for each participant.

Indemnity

I _____ parent/guardian of _____ consent for him/her to attend the Yachting Queensland Junior/Youth Camp at Royal Qld Yacht Squadron.

I understand that neither I nor my spouse (if applicable) in our own right, (or on behalf of _____ participant name) have any recourse against Yachting Queensland, the host club, or the coaches, for any losses, damage or injury suffered by him/her while attending or participating in the program.

I agree that in consideration of Yachting Queensland and the host club accepting this application, I, together with my spouse, indemnify Yachting Queensland in respect of any loss or claim howsoever arising.

My spouse, and I understand that sailing is a sport that is potentially hazardous to the participants.

Conditions of Attending the Camp

It is a condition of attending the Training Camp that participant's act in an appropriate manner. There will be no alcohol, cigarettes or other drugs permitted at the camp.

If participants do not behave in the appropriate manner the responsible coach will contact the respective parents and advise them of the misbehaviour. If the misbehaviour continues, the responsible coach will be entitled to exclude the relevant participant from all further training activities and if necessary expel any participants for the remainder of the training camp. All costs of returning the participant to their home will be at the cost of the participant.

I have read and understood the above and I accept all the conditions stated.

Signed _____ Parent/Guardian. Dated ____ / ____ / ____

Signed _____ Camp participant. Dated ____ / ____ / ____

SEND COMPLETED ENROLMENT TO –

YACHTING QUEENSLAND

PO BOX 5462

MANLY QLD 4179

F: 07 3393 6799

P: 07 3393 6788

ENROLMENTS MUST REACH YACHTING QLD BY -

4.00pm Friday 1st December 2006

Payment Details

We enclose cheque / money order made payable to Yachting Qld

Please charge \$ 140.00 / \$ 180.00 MasterCard / Visa

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

Card Holders Name: _____

Address: _____

Signature: _____