



ROYAL PORT PIRIE YACHT CLUB INC.

MAIN ROAD, SOLOMONTOWN

PO Box 116
PORT PIRIE, SA 5540
Ph. (08) 8632 1292

Junior Application for Sail Training – 2018/2019 (plus Junior membership if not included in a Family membership)

Junior Applicant Details

Name:..... Date of Birth..... (minimum age 6 years)
Postal Address:..... Post Code:.....
Residential Address (must be supplied):
Contact phone number(s): Home Mobile
Name of school:

In support of the Junior Applicant (this section must be completed by a Parent /Guardian of the applicant)

Name:
Postal Address:..... Post Code:.....
Residential Address (must be supplied):
Contact phone number(s): Home Mobile
Email: (this address will be used for email about the program)
Relationship to Applicant:

Alternative Emergency Contact Details

Name:
Contact phone number(s): Home Mobile
Relationship to Applicant:

	Level	Dates	Fee
<input type="checkbox"/>	Start Sailing 1	<input type="checkbox"/> Term 4 – 27 October 2018 to 8 December 2018	\$70.00
<input type="checkbox"/>	Start Sailing 2		
<input type="checkbox"/>	Better Sailing	<input type="checkbox"/> Term 1 - 2 February 2019 to 13 April 2019	\$70.00
<input type="checkbox"/>	Start Racing		

Fees payable at commencement of each Term. Applicants may be eligible for Sports Voucher Program.

Do you consent to the use of photographs and/or moving imagery of your child for promotional information and/or achievements? YES NO

***** IMPORTANT MEDICAL INFORMATION*****

Does your child suffer any form of illness or disability? YES (please attach details/medical plan) NO

Does your child suffer from any allergy or allergic to any medication?
 YES please specify..... NO

Is your child a competent swimmer? YES NO

What level of competency would you describe them to be

*In an emergency, I authorise RPPYC to arrange any necessary medical treatment for my child where prior notification has not been possible. My child is able to swim to the level of ability listed above. I understand that participating in any sailing program may involve strenuous activity and I declare that my child is physically fit to participate in every aspect of these activities and that I am aware of and accept the risks of my child participating in a sailing program.
I also hereby confirm that the information I have provided above is true and correct.*

Signature of Parent/Guardian:Date:

Email: info@royalportpirieyachtclub.org.au
Facebook: [Royal Port Pirie Yacht Club Inc](#)

Website: royalportpirieyachtclub.org.au
Twitter: [@RPPYachtclub](#)



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Junior Membership Application (if not already included in family membership)

Annual junior membership fee \$35.00

Parent/Guardian - Declaration (to be read before signing the application form)

As the Parent/Guardian, I give consent for the above named applicant for election as a member of the Royal Port Pirie Yacht Club Inc, and will support and enforce the Junior Membership Declaration noted below.

Signature of Parent/Guardian: **Date:**

In support of the Junior Applicant (this section must be completed by adult members of the Royal Port Pirie Yacht Club Inc)

We propose the above named applicant for election to Junior membership of the Royal Port Pirie Yacht Club Inc.

Proposer name: Signature:

Secunder name: Signature:

Date:

Junior - Membership Declaration (to be read before signing the application form)

I apply for Junior Membership of the Royal Port Pirie Yacht Club Inc, and agree to be bound and abide by the rules, by-laws and regulations of the Club.

Signature of Junior Applicant: **Date:**