

Enrolment Form

Name of Sailor _____

Age _____ Year at School (2012) _____

Parents/Guardian _____

Address _____

Email _____

Telephone (Home) _____

Telephone (Mobile) _____

Boating/Sailing Experience _____

Is your child water confident and able to swim
25m in the sea unaided? Yes / No

Does your child have any conditions or
allergies that we need to be aware of?
Yes / No

Medication Required _____

_____ (sailor name) has permission
to participate in this Learn-to-Sail course.

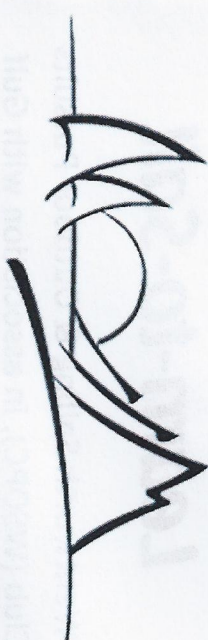
Parents signature _____

Sailors signature _____

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www.sportsground.co.nz/wentworthsailingclub



WENTWORTH SAILING AND
OUTDOOR PURSUITS CLUB

Learn-to-Sail Holiday Programme

