PORT KEMBLA SAILING CLUB

JUNIOR TRAINING REGISTRATION FORM

Date:…….

Surname:……

First Name:…… **Parents Name:……**

Date of Birth:……

Postal Address:……..

……..

Phone No…….Email Address……

Are you a current member of PKSC? Y/N **Date membership paid:……**

Do you have any medical conditions that should be known to the club? Y/N

Do you possess the following equipment:
-lifejacket? Y/N
-sturdy shoes/booties? Y/N
-hat/sunscreen? Y/N

Can you swim 25metres in your clothes? Y/N

Is your parent able to assist with coaching and prepared to be rostered on to help some weekends? Y/N

Experience: (Tick appropriate boxes)

Never sailed before ☐ **2nd season** ☐ **3rd or more season** ☐

Can skipper a Skyrider around a triangle. ☐

Can skipper a Sabot around a triangle ☐

Regularly crew with a senior member ☐ **Class & Name of boat…….**

Own a boat (or have access to) ☐ **Class & Name of boat……**

Signed:…… (Junior Sailor)……(Parent)