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| **Date (tick preferred)** | * **Course: Sept 2024 school holidays**
* **Course: Dec 2024 just before Christmas**

**All Courses are 3 days from 9am to Noon each day** |
| **Name of Sailor** |  |
| **Sailor’s date of Birth** |  |
| **Address** |  |
| **Phone - Landline** |  |
| **Fathers Name and Mobile Phone No.** |  |
| **Mothers Name and Mobile Phone No.** |  |
| **E-mail** |  |
| **Medical conditions & confidence issues the instructors should know about.**  |  |
| **Fees** | **$200** – Payable prior to course startBy internet banking to 153942-0003460-00 with surname as ref |
| **Declaration by Parent / Guardian** |  My child can swim 20 meters wearing a buoyancy aid During the course, my child will follow all safety instructions given. My child will always wear a buoyancy aid when on the water.I am interested/able to assist the instructors during the session with launching of yachts and the safety rescue boats.I understand that the New Plymouth Yacht Club Inc. does not accept any liability for personal injury or damage or loss of property as a result of my child taking part in this course.  |
| **Parent signature** |  |
| **Date** |  |

Please send completed form to npyctreasurer@gmail.com