



New Plymouth Yacht Club

Adult Learn to Sail Application Form

Name	
Class/Type of Yacht you own or wish to Sail:	
Previous sailing experience:	
What are your objectives in learning to sail?	
Home Address	
Date of birth	
Phone	Home Mobile
E-mail	
Availability for lessons –times/days	
Medical or other matters the instructor should be aware of.	
Declaration	<p>I can swim 50 meters wearing a buoyancy aid</p> <p>During the course I will follow all safety instructions given.</p> <p>I will wear a buoyancy aid at all times when on the water.</p> <p>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 taking part in this course.</p>
Signature/Date	

Please return form to johnalisonpitman@gmail.com