|  |  |
| --- | --- |
| **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 start  By internet banking to 153942-0003460-00 with surname as ref |
| **Declaration by Parent / Guardian** | My child can swim 20 meters wearing a buoyancy aidDuring 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](mailto:npyctreasurer@gmail.com)