



**DSS / RYCT DINGHY GROUP**

[www.dinghygroup.org.au](http://www.dinghygroup.org.au)

## REGISTRATION FORM



Oct. 2009 Edition

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### PERSONAL DETAILS

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Participant name: ..... DOB: .....

Fathers Name: ..... Mobile: .....  
*(if participant under 18)*

Mothers Name ..... Mobile: .....  
*(if participant under 18)*

Emergency Contact: ..... Mobile.....  
*(if participant over 18)*

Address:

Street: .....

Suburb: .....Post code:.....

Home phone: .....

E-mail address: .....

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### MEDICAL

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Does the participant above suffer from any medical conditions YES / NO

If YES, please indicate:.....

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### CONDITIONS

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- Participant must be able to swim 25 metres unaided
- All activities on the water require personal flotation devices of appropriate size and meet current Australian Standards
- Participant has sole and exclusive responsibility whether to participate
- All sailors except beginners or crew must have their own boat
- Dinghy Group reserves the right to cancel entry
- Be aware that the water is cold!!!!!! Wet suits, including wetsuit booties and thermals are recommended

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### INDEMNITY

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Injury to participants and damage to boats can and does happen in the sport of sailing. Participants in this programme take part at THEIR OWN risk.

I hereby indemnify and agree to keep indemnified the organising authority and/or all parties involved in the organisation of the RYCT/DSS Dinghy Group programme or persons acting for it or on its behalf in or about the conduct of dinghy sailing or in any way connected therewith against any and all demands, suits, actions and other claims of every description and nature which the above named participant or any person claiming through him/her but for this indemnity might otherwise have against the indemnified for injury, loss, damage or expense of whatever nature arising as a consequence of participation in this programme.



I, (please print) .....(Parent / Guardian if participant is under 18) agree to the following terms and conditions associated with DSS / RYCT Dinghy Group.

- In case of any medical emergency I give consent to the organisers to arrange medical treatment.
- I have read and understood the indemnity clause.
- I accept the respective conditions of membership and yacht club constitutions

Signed .....  
(Parent / Guardian if participant is under 18)

Dated this..... day of .....2008

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**PAYMENT TYPE:**  Cash  Cheque  VISA  MASTER CARD

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**Card number:** .....

**Expiry date :** .....

**Card holder :** .....

**Signature :** .....

Date Received .....