

Peter Edington Sailing: RYA Course Booking Form

For any assistance or enquiries, please call or text +61 (or 0)405430525
Scan or photograph completed form and email to TheOceanSailingClub@gmail.com or text it to us

Course Name:

Course Date:

About You

Name:

Date of Birth: ___ / ___ / ___

Street Address:

City:

State/Country:

Postcode:

Mobile Phone:

Email Address:

Important Health Information – please put “None” if none

All Relevant Medical Issues:

Allergies:

Food you don't eat:

About your Next of Kin / Contact in case of emergencies

Name:

Relationship to you: _____

Street Address:

City:

State/Country:

Postcode:

Mobile Phone:

Email Address:

Relevant Experience or Qualifications / RYA Membership number

- **I am aware of any pre-requisite experience or certification needed to enrol on this course and can produce necessary documentation.**
- **I have declared any medical/dietary information relevant to this course.**
- **I am over 18. If under 18, get a parent or guardian to countersign with you.**

Signed:

Dated:

**Countersigned:
(if under 18)**

Relationship to student: