

Student Registration Form

Student Details	
Title	
First Name	
Surname	
Gender	
Date of Birth	
Guardian's Name	(if under 18)
Address	
City	
State	
Postcode	
Email	
Home Phone	
Work Phone	
Mobile Phone	

Background	
Objectives	(What do you hope to get from the training?)
Experience	What sailing have you done before?
Swimming and Fitness	How far can you swim? What other physical activity do you do each week?

Medical Information	
Medical conditions	(Please let us know of any medical conditions that might affect you when sailing (e.g. allergies, asthma, epilepsy etc.))

Emergency Contact	
First Name	
Family Name	
Relationship	
Home Phone	
Work Phone	
Mobile Phone	
Address 1	
Address 2	
City	
State	