

MEMBERSHIP APPLICATION

ROYAL SOUTH AUSTRALIAN
YACHT SQUADRON



JUNIOR

Junior Applicant Details	Junior Membership only \$ 80 <input type="checkbox"/>	Junior Sail Training Program (includes Membership) \$ 366 (starts 19 September 2021) <input type="checkbox"/>
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Title (tick) Mr Miss Master

First Name _____ Middle Name _____

Last Name _____ Date of Birth _____

Postal Address: No _____ Street _____
Suburb _____ State _____ Post Code _____

Residential Address (must be supplied): No: _____ Street: _____
Suburb: _____ State: _____ Post Code: _____

Please note: Junior Membership details are **NOT FOR PUBLICATION** in the RSAYS Year Book

Mobile Home Phone

In support of the Junior Applicant (this section must be completed by a Parent /Guardian of the applicant)

Parent/Guardian & Emergency Contact Details (1) Relationship to Applicant

Title (tick) Mr Mrs Miss Ms Dr Prof Other(specify _____)

First Name _____ Middle Name _____

Last Name _____ Date of Birth _____

Postal Address No _____ Street _____
Suburb _____ State _____ Post Code _____

Residential Address (must be supplied) No _____ Street _____
Suburb _____ State _____ Post Code _____

Please tick box next to any numbers/email address below that are SILENT or NOT FOR PUBLICATION in the RSAYS Year Book
*** Electronic correspondence will be sent to the Parent/Guardian's Email Address ***

Email Address

Mobile Business Phone

Parent/Guardian Declaration

As the Parent/Guardian, I give consent for the above named applicant for election as a member of the Royal SA Yacht Squadron, and will support and enforce the Junior Membership Declaration noted below.

Do you consent to the use of photographs and/or moving imagery of your child for promotional information and/or achievements?
YES NO

Signature of Parent/Guardian _____ **Date** _____

Junior Membership Declaration

I apply for Junior Membership of the Royal South Australian Yacht Squadron Inc, and if elected I agree to be governed by the Club's Constitution and By-Law and declare that the foregoing information is true and correct in every particular.

I also understand that once I reach the age of 19 years, my membership will automatically be transferred to the Intermediate Membership category. Once I reach the age of 24 years my Intermediate Membership will automatically transfer to the Senior Membership category.

I agree that, when my membership ceases, I shall still be liable to the Royal SA Yacht Squadron Inc. for subscriptions, fees and debts owing to the squadron. I/We are liable for any debts incurred to recover monies owing including debt collection fees, court cost and other legal associated fees.

Statements/Correspondence are sent via email (on occasion alternative delivery methods are utilised), unless otherwise requested.

Signature of Junior Applicant _____ **Date** _____

In support of the Junior Applicant (this section must be completed by a representative from the Junior Development Committee as a Proposer for Membership)

I recommend the above named applicant for election as a Junior Member of the Royal SA Yacht Squadron Inc. I can vouch that the applicant is a suitable person for Junior membership with the Squadron.

Representative's Name _____

Representative's Membership No _____

Signature _____

Date _____

JUNIOR SAIL TRAINING PROGRAM ENROLMENT (Starts 19 September 2021)

Please complete if you would like to enrol in the RSAYS Junior Sail Training Program - Ages 8 to 18 Years

TOTAL FEE \$ 366 (includes Junior Membership for 2021/-2022 financial year)

PROGRAM LEVEL

Start Sailing 1 Start Sailing 2 Better Sailing Start Racing Better Racing

Can you assist with any of the following?

Recue Boat Drive Crew General Helper

IMPORTANT MEDICAL INFORMATION

Does your child sufferer any form of illness or disability?

YES (please attach details/medical plan) NO

Does your child suffer from any allergy or allergic to any medication?

YES please specify _____ NO

Is your child a competent swimmer? What level of competency would you describe them to be

YES NO

Second Emergency Contact Details (2)

Relationship to Applicant _____

First Name _____

Last Names _____

Mobile _____

Business Phone _____

In the event of an emergency, I authorise RSAYS to arrange any necessary medical treatment for my child where prior notification has not been possible.

My son/daughter is able to swim to the level of ability listed above. I hereby waive any claims that I may have against The Royal South Australian Yacht Squadron or its Officers as a result of any action or omissions on their part in connection with any activity at any time at The Royal South Australian Yacht Squadron

I understand that participating in any sailing program may involve strenuous activity and I declare that my child is physically fit to participate in every aspect of these activities and that I am aware of and accept the risks of my child participating in a sailing program, and declare that the foregoing information is true and correct in every particular.

Signature of Parent/Guardian _____

Date _____

The applicable Fees must accompany this application for processing, along with copy of Driver's Licence

rsays@rsays.com.au | 750 Victoria Rd, Outer Harbor SA 5018 | www.rsays.com.au | (08) 8341 8600

PAYMENT DETAILS

TOTAL AMOUNT PAYABLE

\$

Payment by:

Cash

Cheque

(Payable to RSAYS)

* Direct Debit

Instalment Plan

Credit Card

(details to be supplied below)

Card No.

CCV

Tick



Name On Card (please print).....

Expires /

Card Holder Signature.....

* Direct Debit - please speak with our friendly staff for further set up details

OFFICE USE ONLY

Date Payment Received

MEMBERSHIP NO

SAILING COORDINATOR: Enrolled In Relevant AS course

MEMBER SERVICES: Set up in PowerClub (including, Partner/Guardian/Proposer /Seconder /Referee Links)

MEMBER SERVICES: Membership Fees Paid/Invoiced

ACCOUNTS: Is this a Direct Debit Member: YES / NO

MEMBER SERVICES: Gate Card Issued

MEMBER SERVICES: Check for Parent/Guardian permission, including for publications.

Membership Application, approved by Management Committee

Date

MEMBER SERVICES: Membership Card Issued

MEMBER SERVICES: Consitution & By-Laws Issued

MEMBER SERVICES: Acceptance Letter Issued

MEMBER SERVICES: Welcome Pack Issued

MEMBER SERVICES: Added to AS database

MEMBER SERVICES: Latest Squadron Quarterly Issued

MEMBER SERVICES: Year Book Issued

MEMBER SERVICES: Added to email distribution lists