

# ROYAL SOUTH AUSTRALIAN YACHT SQUADRON ACADEMY

750 Victoria Road, Outer Harbor SA 5018

PO Box 1066, North Haven SA 5018

Telephone: (08) 8341 8600

Web: [www.rsays.com.au](http://www.rsays.com.au) Email: [rsays@rsays.com.au](mailto:rsays@rsays.com.au) ABN: 32 040 814 583

## Youth Application Form – RSAYS Academy

Please complete all sections to enable information to be accurately entered into the system

### PERSONAL DETAILS

SURNAME		GIVEN NAMES	
PREFERRED NAME	GENDER M / F / O	DATE OF BIRTH	
ADDRESS			POSTCODE
PHONE NUMBER		EMAIL	

### 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

### CONTACT DETAILS FOR PARENT/GUARDIAN / EMERGENCY CONTACT

Are there any custody issues of which the RSAYS Organisers should know? YES / NO

Please discuss these with RSAYS Admin.

### EMERGENCY CONTACT

	PARENT 1 / GUARDIAN 1	Alternative Contact (Optional)
NAME		
ADDRESS		
CONTACT PHONE		
MOBILE PHONE		
EMAIL		

### DIETARY REQUIREMENTS

Does the applicant have any special dietary requirements? (For health, religious or cultural reasons only).

<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>	Vegan	<input type="checkbox"/>	Halal
<input type="checkbox"/>	Kosher	<input type="checkbox"/>	Lactose / Dairy Free	<input type="checkbox"/>	Gluten Free
<input type="checkbox"/>	Diabetic	<input type="checkbox"/> Other (please specify):			



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## HEALTH AND WELFARE

Medicare Number:	Ambulance Fund:
Private Health Fund:	Health Fund Membership Number:

Tetanus Immunisation Date: \_\_\_\_\_

Does the applicant have any illness, condition or disability? YES / NO

Does the applicant wear a Medic alert bracelet or medallion? YES / NO

Is your child a competent swimmer? YES / NO

What level of swimming competency would you describe them to be? \_\_\_\_\_

Please tick:

<input type="checkbox"/>	ADD / ADHD	<input type="checkbox"/>	Autism / Asperger's	<input type="checkbox"/>	Migraine
<input type="checkbox"/>	Allergy – Drug	<input type="checkbox"/>	Intellectual Disability	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Allergy – Food	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	Allergy – Insect	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Physical Disability
<input type="checkbox"/>	Other (Please provide details on a separate sheet. If confidential attach in a sealed envelope.)				

\*\*If your child requires medication during daily activities or a camp a medical plan and the medications will need to be handed to the office. This will be managed in strict confidence.

## AGREEMENTS AND AUTHORITIES

RSAYS teaches in line with the Australian Sailing, "Discover Sailing," centre guidelines. <https://www.discoversailing.org.au/>

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 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 information on this application is true and correct in every particular. I understand RSAYS expect all participants to be respectful, follow instructions from leaders and wear provided or approved Personal Protective equipment as required.

## Privacy Policy

RSAYS has always respected the privacy of its members and customers and understands the importance you place on the protection of person information in its care. RSAYS has a Privacy Policy which conforms with current Commonwealth legislation and copies of this are available from us on request, or from our website.

## APPLICANT'S STATEMENT

I apply for the Royal South Australian Yacht Squadron Sailing School.

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.

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

Signature of Applicant

Date

Signature of Applicant: \_\_\_\_\_ Date ...../...../.....

## APPROVALS (if under 18)

Parent / Guardian: \_\_\_\_\_ Date ...../...../.....

