FREMANTLE SAILING CLUB INC.
FSC ACADEMY TRAINING COURSES

Course Title	GET INTO SMALL BOAT SAILING (GISBS)			**Course Start Date**	
Course Level (Please circle)	**Level 1** Basic Skills	**Level 2** Basic Skills	**Level 3** Better Sailing Skills	**Level 4** Better Racing Skills	**Level 5** Better Racing Skills
Students Details	**Surname**		**First Name**		**Date of Birth**
Address					
Phone Nos.	**Mobile**		**Home**		
	Email				
Medical	**Please state in confidence any health concerns or medications which we should be aware:**				
Emergency Contact	**Surname**			**First Name**	
Address (If different to Student)					
Contact Details	**Mobile**	**Work**	**Home**		
	Email				

DECLARATION

I, _____ hereby certify and agree that all the information contained on this enrolment form is true and correct, and that I:

a) am aware of the nature of and my child's involvement in the selected course; ☐ *Mark with (X)*

b) give my unreserved permission for the above applicant's involvement and accept that participation is entirely at his/her own risk; ☐ *Mark with (X)*

c) understand that all due care and precautions will be taken, and that in the event of an injury I hereby authorize medical attention to be sought; ☐ *Mark with (X)*

d) understand that Fremantle Sailing Club cannot be held accountable for any missed sessions by students. It is the student's responsibility to ensure that they are free for that time frame; ☐ *Mark with (X)*

e) give permission for my child to be photographed for publicity purposes. ☐ *Mark with (X)*

Signed: _____ _____ **Date:** _____
Parent / Guardian Relationship to Student

Course Fee: Non-Members $225.00 ☐ Members $195.00 ☐ FSC Membership Number _____

Credit Card Payment Details *Visa* ☐ *Mastercard* ☐

				-					-					-				*Expiry Date:*				

Name on Card: _____ *Signature:* _____

151 Marine Terrace Fremantle WA 6160 (PO Box 860 Fremantle WA 6959) **ABN** 83 047 756 642
P: (08) 9435 8882 **F:** (08) 9336 2020 **E:** training@fsc.com.au **W:** www.fsc.com.au