FREMANTLE SAILING CLUB INC.
FSC ACADEMY TRAINING COURSES

Course Title		**Course Level** (If Applicable)	
Course Dates			
Students Details	**Surname**	**First Name**	**Date of Birth**
Address			
Phone Nos.	**Mobile**	**Home**	
	Work	**Fax**	
	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) accept that participation is entirely at my own risk; ☐ *Mark with (X)*

b) 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)*

c) understand that Fremantle Sailing Club cannot be held accountable for any missed sessions and that it is my responsibility to ensure that I am free for that time frame; ☐ *Mark with (X)*

d) give permission for my photograph to be taken for publicity purposes. ☐ *Mark with (X)*

Signed: _____ **Date:** _____
Applicant

Course Fee: Non-Members _____ ☐ Members _____ ☐ FSC Membership Number _____

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

☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ *Expiry Date:* ☐☐☐☐

Name on Card: _____ *Signature:* _____

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