



APPLICATION FOR INCLUSION

QCYC SAILING CLUB

I wish to become involved with the QCYC Sailing Club Group:

For the rest of the membership year For a one off trial

Medical conditions _____

Can you swim at least fifty metres unassisted

Previous sailing experience _____

If I sign this form as a one off trail and subsequently decide to become involved with the group I understand that I will need to become a member of Queensland Cruising Yacht Club and that the conditions laid out in this application will continue to remain current.

Risk Waiver

In the case of an emergency, I authorise the volunteers, where it is impracticable to communicate with me, to arrange for myself to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while I am enrolled with the QCYC Sailing Club.

I understand that although the QCYC Sailing Club, Queensland Cruising Yacht Club and its officers and volunteers attempt to minimise any risk of personal injury within practical boundaries accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of the QCYC Sailing Club. I agree to abide by all regulations and safety requirements and to agree to abide by the reasonable directions of the volunteers.

I do hereby indemnify and keep indemnified the organisers, members, officers, and volunteers from all claims, costs, demands whatsoever and howsoever arising from our acceptance of this entry, and the participation in the QCYC Sailing Club, whether it be for personal injury or damage to boat or equipment and whether during rescue operations or otherwise. It is acknowledged that participation be at the participants own risk

Media Consent

I consent to allow the QCYC Sailing Club and Queensland Cruising Yacht Club to use my name and any photographs, sound and film recordings taken of me at this program for the promotion of QCYC Sailing Club and Queensland Cruising Yacht Club services to the media and general public.

Signature of Applicant: _____ Date: _____

Parent / Guardian to sign for Applicants under 18 years of age

OFFICE USE ONLY

Group Contribution	\$
TOTAL	\$

Paid: Notes: _____

QUEENSLAND CRUISING YACHT CLUB

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