



SAIL TRAINING CENTRE

ACTIVITY APPLICATION FORM

This application form should be completed in full and signed by the participant and should be returned to the HHYC Sail Training Centre. This may be done by hand, post, fax or email.

Hebe Haven Yacht Club has public liability insurance coverage; however participants are recommended to have personal accident insurance while participating in our activities.

All bookings for activities must be paid for in full, prior to attending the activity. Payment should be made at the same time as submitting this application form.

During adverse weather conditions, participants will be advised on the day if the activity is to be postponed. HHYC reserves the right to cancel or reschedule activities.

Participant's Details:

Full Name: _____ Age: _____

Email: _____ Phone No.: _____

Address: _____ Membership A/C: _____

Emergency Contact:

Name of Parent / Guardian: _____

Contact: (Mobile) _____ (E-mail) _____

Activity Selection :

Activity Date(s) / Course Code: _____

Saturday Sailing: Stage 1 Stage 2 Stage 3 Session: **AM** (10am-1pm) / **PM** (2pm-5pm)

Family Fun Day: Session: **AM** (10am-1pm) / **PM** (2pm-5pm)

Holiday Programs: Adventure Watersports HKSF Level 1&2 HKSF Level 3 Opti Stage 1&2

After School Sailing: (please state name of school) _____

Adult Courses: HKSF Level 1&2 ASA Course 101 & 103

Other Course: _____

Can You Swim? YES NO

If you are unable to swim, you must be confident and comfortable in the water. If this is not the case then you may not enroll in any sailing activities run by the HHYC Sail Training Centre.

Do you have any special dietary needs? YES NO

If yes, please specify: _____

Medical Information:

(A) Do you suffer from any medical conditions that require regular treatment including medication? (This includes respiratory conditions such as asthma or allergies.) **YES NO**
If Yes, Please specify: _____

(B) Are you allergic to any medication (such as aspirin, etc.) ? **YES NO**
If Yes, Please specify: _____

(C) Do you suffer from any physical or psychological conditions which our instructors should be made aware of (such as epilepsy, ADHD, etc.) ? **YES NO**
If Yes, Please specify: _____

HHYC Activity Cancellation Policy:

HHYC reserves the right to cancel an activity, due to lack of applicants or staff, a minimum of 7 days prior to the activity start date. In the event of activity cancellation by HHYC, those enrolled are entitled either to attend the same activity running at a later date or a full refund.

Participant Cancellation Policy:

Participants that cancel or postpone up to 15 days prior to the activity commencing will be required to pay 50% of the activity fee as a cancellation fee. The other 50% is refundable. If participants cancel within 48 hours of the activity start time, the whole activity fee will be retained and 50% transferred as a deposit for another activity to be taken, within 6 months. After such time if the activity has not been taken the fee will be non-transferable and non-refundable.

Declaration:

I hereby sign to state that the information given on this application is, to the best of my knowledge, correct (False information given on this application may result in the participant being asked to leave the activity.)
Hebe Haven Yacht Club will not be held responsible for any personal items or equipment lost whilst taking part in one of the clubs programs or events. Participants are responsible for ensuring they look after all personal equipment and belongings during their time at the club. There is a lost property bin located outside the sailing office, where any items left at the club will be collected and can be retrieved from here at any time.

I also acknowledge the risks inherent to activities on the water and agree that HHYC **will not** be held responsible for personal injuries and loss or damage to personal items as a result of activity participation.

I understand that I am obliged to inform the HHYC and its Sail Training Centre if any conditions as outlined above change from the time this form was submitted until the end of the activity.

I agree that HHYC will have the right to use my footage/images/testimonials in its promotional material or any materials relating to the program for marketing purposes.

Signature of Participant: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

Parental Consent is required for participants under 18 years old

Payment Method: (please tick accordingly)

Please debit my * HHYC / RHKYC / ABC Membership A/C # _____ for \$ _____.
** Please delete as applicable*

I enclose Cheque # _____ for \$ _____.
(Please make all cheques payable to "The Hebe Haven Yacht Club Ltd.")

Bank Transfer to: Name of Account: The Hebe Haven Yacht Club Ltd.
Bank: HSBC Account Number: 019-058338-001