



## 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.: \_\_\_\_\_

Member's Name: \_\_\_\_\_ Membership A/C: \_\_\_\_\_

### Emergency Contact:

Name of Emergency Contact: \_\_\_\_\_

Contact: (Mobile) \_\_\_\_\_ (E-mail) \_\_\_\_\_

### **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.

### 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: \_\_\_\_\_

### **For Office Use Only:**

Booking Number: \_\_\_\_\_ Rec. Date: \_\_\_\_\_ Status: \_\_\_\_\_

**Activity Selection :**

updated August 2016

Course	Number of Days	Member's Rate		Non-Member's Rate	
Saturday Sailing Scheme *	10x ½ days	<input type="checkbox"/>	\$3675	<input type="checkbox"/>	\$5250
Family Fun Day *	½ day	<input type="checkbox"/>	\$367.5	<input type="checkbox"/>	\$525
Adventure Watersports Week	5 days	<input type="checkbox"/>	\$2625	<input type="checkbox"/>	\$3675
Optimist Stage 1&2	5 days	<input type="checkbox"/>	\$2500	<input type="checkbox"/>	\$4200
HKSF Level 1&2	5 days	<input type="checkbox"/>	\$3675	<input type="checkbox"/>	\$5250
HKSF Level 3	5 days	<input type="checkbox"/>	\$3675	<input type="checkbox"/>	\$5250
HKSF Level 4	5 days	<input type="checkbox"/>	\$3675	<input type="checkbox"/>	\$5250
ASA Course 101&103	5 days	<input type="checkbox"/>	\$4800	<input type="checkbox"/>	\$5500
ASA Course 105	3 days	<input type="checkbox"/>	\$3500	<input type="checkbox"/>	\$4000
ASA Examination + Membership	n/a	<input type="checkbox"/>	\$1210	<input type="checkbox"/>	\$1210
Women on Water	½ day	<input type="checkbox"/>	\$367.5	<input type="checkbox"/>	\$525
Private Lesson / Catchup Day	1 day	<input type="checkbox"/>	\$1575	<input type="checkbox"/>	\$2100
Afterschool Sailing	<i>Please contact your school for pricing &amp; dates.</i>				

Activity Date(s) / Course Code: \_\_\_\_\_

Afterschool Sailing (please state name of school): \_\_\_\_\_

\* For Saturday Sailing & Family Fun Day:  Morning (10am – 1pm)  Afternoon (2pm – 5pm)

Early Bird Discount used: \_\_\_\_\_ % Credit used: \$ \_\_\_\_\_ Total amount: \$ \_\_\_\_\_

**Payment Method: (please tick accordingly)**

Number of days enrolled: \_\_\_\_\_ Amount paid: \_\_\_\_\_

 Please debit my \* HHYC / RHKYC / ABC Membership A/C # \_\_\_\_\_  
*\* Please delete as applicable*
 I enclose Cheque # \_\_\_\_\_  
*(Please make all cheques payable to "The Hebe Haven Yacht Club Ltd.")*
 I enclose Cash of amount: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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 48hours 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: \_\_\_\_\_  
*(if participant is under 18 years old)*

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*Thank you!*

Please submit this application:

- a) **By post** to Hebe Haven Yacht Club, 10½ miles Hiram’s Highway, Pak Sha Wan, Sai Kung
- b) **By email** to the sailing office at sailadmin@hhyc.org.hk
- c) **By fax** to the sailing office at 2358 1017
- d) **In person** to the sailing office