

MYC OPPIES



Subscription and Consent Form 2010

Name of Oppy Sailor: Age of Oppy Sailor:

Name of Parent/Guardian:

Relationship to the above named Oppy Sailor:

Home Telephone No: Mobile Telephone No:

Address:

.....

Post Code: Email Address:

PARENT/GUARDIAN: Please advise whether you will be available to assist on or off the water:

Please also advise any qualifications (e.g. medical, first aid, sailing training, etc.)

DECLARATION

Please include the above named Oppy Sailor for the Medway Yacht Club Oppy sailing programme. I am a Parent/Guardian of the above named Oppy Sailor and I understand that sailing may be dangerous and I agree that the Medway Yacht Club and/or the Oppy sailing organisers shall not be responsible for any loss, damage, death or personal injury to the above named Oppy Sailor, or for the loss of, or damage to, any vessel or property, as a result of taking part in the Oppy sailing programme. I will ensure that the above named Oppy Sailor is aware of the importance of wearing personal buoyancy at all times when sailing. I confirm that I am a member of the Medway Yacht Club.

PARENT/GUARDIAN CONSENT

I have read and accept the above. I agree to the above named Oppy Sailor participating in this season's Oppy sailing programme.

FEES

I enclose the sum of £45.00 (per child) for the subscription fee. *Please make cheques payable to "MYC Oppies".*

Signed Date