



**MURITAI YACHT CLUB – PERMISSION SLIP
JUNIOR COACHING LEARN-TO-SAIL 2014/15**

Name of sailor: **D.O.B.** / /

Address:

Phone:

Confident swimmer: Yes/No

Parent/caregiver Contact Details:

Name:.....

Address:.....

Phone:

Mobile:.....

Email:

Any medical conditions we should be aware of – please list below:

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.....

- I hereby give my child permission to take part in the Muritai Yacht Club 2014/15 Junior coaching program. I accept that all due care will be taken of my child and their boat during the sessions but that neither MURITAI YACHT CLUB or THE CLUB INSTRUCTORS can be held responsible for any unforeseen events.
- I have read the 2014/15 LTS Course Outline and will support my child with a 1:1 ratio for the duration of the course.

Signed: (Parent/caregiver)

Date: / /