



Vogelvlei Yacht Club Sailing Camp Registration Form

| Attendee's Details: | | | |
|--|--|-----------------------|--|
| First Name: | | Surname: | |
| Nick Name: | | Date of Birth: | |
| Physical address: | | | |
| Email address: | | | |
| Cell no: | | | |
| Dietary requirements: | | | |
| Allergies/health requirements: | | | |
| Parent or Guardian's Details: | | | |
| First Name: | | Surname: | |
| Nick Name: | | Date of Birth: | |
| Physical address: | | | |
| Email address: | | | |
| Cell no: | | | |
| Indemnity: | | | |
| <p>I hereby give permission for my child / ward to take part in all activities at the Vogelvlei Yacht Club Youth Sailing Camp and agree that Vogelvlei Yacht Club, the committee, members, volunteers or anyone involved with the organisation and/or running of the event will not be liable for any loss or damage to personal property of my child or myself or for any injury or death of my child as a result of any cause whatsoever.</p> <p>Or</p> <p>I am over the age of 18 and agree that Vogelvlei Yacht Club, the committee, members, volunteers or anyone involved with the organisation and/or running of the event will not be liable for any loss or damage to personal property or for any injury or death of my child as a result of any cause whatsoever.</p> | | | |
| First name: | | Surname: | |
| Signature: | | | |
| Date: | | ID number: | |

Please scan form and send back to sailtraining@vyc.co.za