



HOLIDAY SAILING COURSE
09-11 January 2019

Surname:	Name:
Date of Birth:	School:
Father's Name:	Mother's Name:
Work Ph:	Work Ph:
Cell:	Cell:
Email:	Email:
Address:	

IN CASE OF EMERGENCY

Medical Aid:	Mem. No.:
Option:	Main Member:
Doctor:	Dr's Tel no:
Allergies / Medication (pls specify):	

INDEMNITY FORM

I,, am aware that neither Zeekoevlei Yacht Club nor its staff nor its sailing instructors accept responsibility for any loss, injury or damage that the person or property may sustain whilst engaged in any sailing activity. I waive any right that I may have to claim compensation against Zeekoevlei Yacht Club or any of its staff or instructors or any other Member in respect of any loss, injury or damage incurred whilst engaged in any sailing activity howsoever arising and whether as a result of negligence or otherwise and I indemnify them against all such claims.

Signed: _____ Date: _____

Name & Surname: _____

Bank Details:

Zeekoevlei Yacht Club Standard Bank, Constantia R1200-00
 Account No: 071 837 892 Branch Code: 02 53 09 Ref: Skippers + Surname
Pls email the completed form & proof of payment to sailing@zvyc.co.za