

Entry Form

Student Information			Emergency Contact			
Name			Name	Name		
Date of Birth			Relati	Relation		
Age				Mobile		
Gender				Telephone		
Nationality				This person must be available during student activities at the ADSYC Sailing & Rowing School		
Contact Information						
Adress				Mobile		
P.O.Box				City		
Email					Ì	up to date cours information will be circulated by email
Parent Information <i>(for students under age 18)</i>						
Father Name	Not Required			Mobile		Not Required
Mother Name	Not Required			Mobile		Not Required
Medical Prior Experience						
It is the responsibility of the student (parents for minors) to inform ADSYC if the student has any known chronic disease, sensitivities or special health status that must be taken into consideration during marine activities. The ADSYC may request a "BILL OF HEALTH" from a qualified physician. All medical student information shall remain strictly confidential. It will only be available to instructors and ADSYC management.			Does the student have prior experience? (if available attach copy of certificates) Not Required			
Does the student have any known medical conditions?			Swimming Proficiency			
The student is healthy and physicaly able to participate in marine activities YES / NO			Students at ADSYC must be able to confidently swim at least 20m in open water unaided. The ADSYC reserves the right to refuse students that cannot prove to be competent swimmers.			
Disclaimer						
 □ I confirm that I am in good health and physical condition before participating in sport activities. □ I will inform the club of any medical issues or changes in my health situation during the period of activities. □ I realize that the nature of marine sport activities may include student injury or death, and I permit the club's representative to take medical actions and treatments for any injury or accident suffered. □ I agree to participate in activities at at my own risk. I will not hold the Abu Dhabi Sailing & Yacht Club liable for any student injuries, death, loss or damage of personal belongings. □ I give ADSYC consent to use photos and videos of myself (or my child) for coaching, media or promotional use. 						
** for any mind	ors (under age 18) this dis	claimer shall be	signed	by a parer	t or	legal guardian.
N				Date		
Name				Signature		