



Deviot Sailing Club Sail Training Program 2024

Enrolment Form

This sail training program is designed for people who have had little or no experience in sailing. It caters for adults as well as children (from age 10). Participants will need to be fit enough to undertake moderate physical activity, and must be able to swim.

We will cover all the basics to get you sailing safely. We use sailing dinghies owned by the sailing club – you don't need your own boat for this course. All training will be held at the Deviot Sailing Club, Deviot.

Dates and Times

The training will be held on the following days:

Saturday 17 th February	9.30am sharp – 12.00 midday
Sunday 18 th February	9.30am – 3.00 pm
Sunday 25 th February	9.30am – 3.00 pm

The training will include:

- Clothing and safety equipment
- Rigging the boat with assistance
- How to steer the boat
- Primary boat controls
- Rescue procedures – including capsize recovery
- Launching and recovery
- Basic rules of the road
- Introduction to tides and currents.

Cost

The cost for the full program is \$150 for adults and \$100 for children and full time students. Cost for a family up to four people is \$300. Participants will be provided with a certificate on completion of the course. The cost includes club membership through to the end of the current season.

What will I learn?

The course covers everything that you need to know to sail a sailing dinghy. In the first 2 sessions we will cover the safety requirements of small boat sailing. You will learn how to rig a sailing boat, how to launch a boat, and return to the beach.

In the later sessions you will learn the basic rules of the road, and more advanced boat handling.



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What to wear sailing for Sail Training

Weather conditions may vary from cold to hot, so students should bring:

- Bathers / Towel
- Wetsuit
- Shorts (ideally worn over wetsuit for protection)
- Polyester shorts and tops recommended. Don't wear cotton – it is too cold when wet.
- PFD (life jacket). Ideally no collar.
- Woollen or thermal jumper in case it is really cold.
- Windproof / waterproof jacket
- Old sneakers or wetsuit boots (there are oysters in the Tamar river which are very sharp on feet).
- Sun hat with chin strap
- Sunglasses
- Sunscreen
- No long pants

Registration

To enrol, please forward the sheets below with payment to
Deviot Sailing Club,

P.O. Box 224,

Launceston,

OR

Deliver to the club on Saturdays

OR

Send via email to secretary@deviotsailingclub.org.au

(direct deposit details on following page).

For More Information

Contact: Tony Fist, Sail Training Coordinator, phone 0491 057 599
Email: secretary@deviotsailingclub.org.au

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Deviot Sailing Club

Sail Training Program 2024

Sail Training Enrolment Form and Application for Casual Sailing Membership

Please enrol me in the 2024 Sail Training Program at Deviot Sailing Club:

Full Name: _____ AS Card # _____
Address _____ Date of Birth: _____
Phone: _____ Mobile: _____ Email: _____

Additional family details if applicable:

Full Name	Date of birth	Silver Card # (if registered at Australian Sailing)

Boat Details (If applicable)

Boat Name _____
Class _____ **Sail Number** _____

Fees as follows:

Adults: \$150

Children and students: \$100

Family of up to four people: \$300

Current club members receive 50% discount.

Payment Enclosed: \$._____ or for direct deposit:

BSB: 067 023

Account No: 2801 2546

Account name: Deviot Sailing Club.

Please insert your surname in "message reference".

Deviot Sailing Club membership includes Yachting Tasmania fees and personal insurance cover. Deviot Sailing Club Inc. requires this information to provide you with membership services. You acknowledge and agree that your personal information will be disclosed by the Club to Australian Sailing ("AS") and will only be used for the objectives of the Club, AS and for the National Membership Scheme. You will be able to access your personal information through the Club upon reasonable notice.

Signature of Applicant _____ date _____
(If under 18 - Parent or Guardian must sign)

Proposed by _____ Seconded by _____



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Parental Consent Form

To be filled in and signed by parent/guardian of Sail Training participant. **This section is not required for adults.**

I hereby give consent form my child (please name child) _____
to participate in the Sail Training Program conducted by Deviot Sailing Club Inc.

In the event of accident or illness, when it is impracticable or impossible to communicate with me, or my emergency contact, I authorise the adult in charge to consent to my child receiving such medical or surgical treatment as may be deemed necessary. I give permission for my child to receive such treatment as indicated below (please tick appropriate boxes):

- ☐ At the nearest Public Hospital or Government Health Centre
- ☐ At my private doctor or clinic. Dr/Clinic _____
Address: _____ Phone: _____
- ☐ I give permission for my child to be transported there by private car, taxi or ambulance. I agree to pay any charges arising from this transport.
- ☐ I consent to Panadol to be administered by authorised personnel, if deemed necessary.

I agree to notify any changes necessary to the Health Information Sheet for my child subsequent to filling out this form. If such changes are not forwarded, I understand that I may not be able to hold Deviot Sailing Club Inc. liable for any situation that may arise due to lack of information.

I am aware that Sail Training will include water activities such as sailing, swimming, and being a passenger on motorboats.

Signature of Parent or Guardian: _____

Full Name of Parent or Guardian: _____

Date: _____

Adults' Authority (for adult trainees)

In the event of accident or illness when it is impracticable or impossible to communicate with my emergency contact, or me, I authorise the officer in charge to consent to me receiving such medical or surgical treatment as may be deemed necessary.

Signed: _____

Full Name: _____



Deviot Sailing Club

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Health Information Sheet - Confidential

Surname _____
First Name: _____
Address: _____

Home Phone: _____
Mobile Phone: _____
Emergency Contact name: _____

Postcode: _____
Email: _____
Medicare No: _____ - _____ - _____

Emergency contact Phone: _____
Date of birth: _____

General Information

- | | |
|---|--|
| <input type="checkbox"/> Water safe/ Can swim _____ metres | <input type="checkbox"/> Headaches/ Migraines |
| <input type="checkbox"/> Ear problems | <input type="checkbox"/> Epilepsy/Fits |
| <input type="checkbox"/> Eye problems | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hay fever/Allergies |
| <input type="checkbox"/> Bee/Insect stings need urgent attention | <input type="checkbox"/> Asthmatic – mild/moderate/severe (please circle). |
| <input type="checkbox"/> Immunised against tetanus (year): _____ | If asthmatic, which medication taken _____ |
| <input type="checkbox"/> Physical impairment (please specify) _____ | |
| <input type="checkbox"/> Other ailment (please specify) _____ | |

Known Allergies

	Mild	Severe	Extreme		Mild	Severe	Extreme
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify Penicillin allergies _____				Bites/Stings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other known allergies (specify) _____

Current Medications

Please specify name of drug	Dosage and frequency	Timing
_____	_____	_____
_____	_____	_____
_____	_____	_____

Headaches/Migraines – What if any pain relief is taken? _____

Special Needs

Please specify any special needs: _____

(Please complete for each person listed)