

MEMBERSHIPAPPLICATION THE ROYAL YACHT CLUB OF TASMANIA

JUNIOR MEMBERSHIP & OFF THE BEACH			
Junior			
JUNIOR APPLICAN	Γ DETAILS		
Title:	First Name:		Middle Name(s):
Last Name:			Preferred Name:
			Date of Birth:
Residential Address:			
State:	Pos	stcode:	Country (outside AUS):
Postal Address: (if different from above)			
State:	Pos	stcode:	Country (outside AUS):
Are you already of m	ember of Austra	alian Sailing? Y / N	AS Number:
PARENT/GUARDIAN	N DETAILS		
Title:	First Name:		Middle Name(s):
Last Name:			Preferred Name:
Telephone (H):		Mobil	e:
Email:			
Would you like your	child to have ac	cess to the Club's cr	redit facility (max \$50.00)?
Yes	No		
PARENT/GUARDIAN D As the Parent/Guardian o Royal Yacht Club of Tasm	of the above named	d applicant, I give consei	nt for their application to membership of The
Signature of Parent/0	Guardian:		Date:
Signature of Applicar	nt:		Date:

DECLARATION PROPOSER/SECONDER **PROPOSER** SECONDER Name: Name: _____ _____ RYCT Member No. : RYCT Member No.: Signed: Signed: Proposers & Seconders: must have been a member in a Senior member category for at least two (2) years and have known the candidate for a least twelve (12) months OFF THE BEACH REGISTRATION (if applicable) Beginner Intermediate Experienced 🗍 SAILING SKILL: Boat Class: Boat Name: Sail Number: Any Medical Conditions and/or Allergies: All activites are conducted with the following conditions: Participants must be able to swim 25 meters. All activities on the water require a PFD approved to Australian Standards. In case of a medical emergency, I give consent to the organisers to arrange medical treatment. The participant has the sole and exclusive responsibility whether to participate. Sailing is a strenuous activity that requires a certain level of physical fitness. Wetsuits are mandatory and boots and thermals are also recommended. All paticipants must be members of the RYCT and accept the respective conditions of membership and the Club Constitution. Parent/Guardian Participant Signed: Signed:





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