



SAILABILITY WHITSUNDAY **CLIENT & CARER REGISTRATION**

I,

hereby apply to become a **Client** or **Carer** of Clients of Sailability Whitsunday Inc.
Tick which, as a separate form must be completed by or for the client and by the carer (if applicable).

Name and phone number of my **Carer** (if applicable):

Name and phone number of my **Carer's Organisation** (if applicable):

Name and phone number(s) of **those in my care** (if applicable):

My Street Address:

My Postal Address:

My Email Address:

Tick which address is to be used for all official communications – email address preferred to save postage

DOB / / Emergency contact name:

My Phone:

Emergency contact phone:

Tick disability or medical conditions that may affect my activity with Sailability Whitsunday

Wheelchair Weight over 100kgs (for boat allocation) Heart Condition

Emergency Health Plan supplied to Sailability Whitsunday Allergies

Inability to Swim without lifejacket Serious Hearing Impairment Other

Details:

TERMS AND CONDITIONS AGREED incorporating the information supplied by me overleaf.

I understand that participating in sailing and boating involves a certain degree of risk and that my participation is entirely voluntary and at my risk.

I agree to follow the directions and instructions of volunteers, whether given verbally or in writing, provided by Sailability Whitsunday Inc ("SW").

I agree to take care to minimise my exposure to risks or injuries that might arise as a result of my participation in activities arranged by SW.

I agree to wear suitable clothing, footwear and sun protection and to see that those in my care are also suitably protected.

I agree to advise SW volunteers immediately if I feel that I cannot continue safely with any activity.

I release Volunteers of SW and the Whitsunday Sailing Club Ltd from claims or liability arising from my participation.

I have provided all necessary information overleaf to assist medically trained personnel to render assistance to me in the event of a medical emergency and I consent to receiving medical assistance in the event of me being unconscious.

I agree to be bound by the Privacy Policy of Sailability Queensland and this branch.

I agree to release my rights to images of myself however taken and used for promotional and training purposes by Sailability worldwide and this branch. I agree that my name and identity may be revealed in descriptive text and commentary in material used for promotional and training purposes by Sailability worldwide and this branch.

I have read and understand the statements I have made on this page and overleaf and that I am competent to execute this agreement between myself and Sailability Whitsunday Inc.

If under 18 years please tick box and complete: <input type="checkbox"/> Parent or <input type="checkbox"/> Guardian	
Their name:	Phone:
Their address:	
My Signature (or signature of Parent / Guardian above)	Date

MC Approval / / Entered in Client Register / / Added to Phone Contacts / /

Date to be reviewed / / Date review completed / / Reviewed by
Client & Carer Registration.docx updated 27-6-18