



# Changi Sailing Club

32, Netheravon Road, Changi, Singapore 508508.

Tel: 65452876 Fax: 65424235 Website: <http://www.csc.org.sg>

Registration Ref. No: 205/87SPO

## Course Application Form

Course Details	
<b>Course Name : CSC Youth Sailing Programme</b>	<b>Venue: Changi Sailing Club</b>
<b>Class of Boat : Optimist / Byte</b>	<b>Commencement Date: _____</b>
Please tick:	<b>Course Fee</b> (price is inclusive of 7% GST)
<input type="checkbox"/> <b>Optimist Junior Squad Program</b> Session: Every Sunday morning Time: 10.00am – 1.00pm	<input type="checkbox"/> <b>\$64.20 (4 sessions: Sun only) per month</b>
<input type="checkbox"/> <b>Optimist Youth Sailing Program (Racing Squad)</b> Session: Every Saturday morning Time: 11.00am – 2.00pm	<input type="checkbox"/> <b>\$64.20 (4 sessions: Sat or Sun) per month</b>
<input type="checkbox"/> <b>Optimist Youth Sailing Program (Racing Squad)</b> Session: Every Sunday morning Time: 10.00am – 1.00pm	<input type="checkbox"/> <b>\$128.40 (8 sessions: Sat &amp; Sun) per month</b> Fee is inclusive of boat usage.
<input type="checkbox"/> <b>Dinghy Youth Sailing Program (Byte)</b> Sessions: Every Sunday afternoon Time: 2.00pm – 5.00pm	<input type="checkbox"/> <b>Fee: \$90.95 per month</b> (inclusive of 7% GST) Fee is Inclusive of boat usage.
<b>Remarks:</b> Course Fee will be charged to Parent's Membership Account on a quarterly basis - March, June, September & December.	
Trainee Personal Particulars (to be completed in CAPITAL LETTERS)	
<b>Full Name:</b>	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> FIN :
<b>Home Address:</b>	<b>Nationality:</b>
<b>Parent's Membership No:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Date of Birth (dd/mm/yyyy):</b>	<b>School :</b>
<b>Contact Details:</b> Home: Handphone: Email:	<b>Emergency Contact:</b> <b>Name of Contact Person:</b> <b>Relationship:</b> <b>Contact Number:</b>
<b>Payment Mode: (Please tick)</b> <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card (Visa / Master / Amex)	<input type="checkbox"/> Cheque No: _____ <input type="checkbox"/> Bill to membership account
Declaration	
I agree to abide by the rules and regulations stated below and hold myself solely responsible for any mishap or injury that may occur during, or as a result, my participation in the stated course organized by Changi Sailing Club. I also agree to abide by the Rules and Regulation of the Club, including its Bye-law.	
Signature of Participant:	Date:
Consent of Parent/Guardian for Applicants below 21 years old	
I, _____ NRIC No _____ allow my child/ward to participate in the course above under the conditions as mentioned above.	
I am aware that my child's/ward's attendance in the Course involves certain risk. I understand that my child/ward will have to cooperate fully with the staff and diligently comply with all safety systems. I shall therefore not hold the Changi Sailing Club or their staff and agents responsible for any damages to or loss of property or any injury or loss of life which may be sustained by my child/ward during the Course or arising from any cause in connection with the Course.	
Signature of Parent/Guardian:	Date:



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### Rules and Regulations (Please read carefully)

1. Participants must be able to swim at least 50 meters with the aid of permissible buoyancy aid.
2. Full payment must be made either in cash, cheque, Visa, Master, AMEX Card or bill to Member's Account together with the registration form before the commencement of the Course. Cheque is to be made payable to 'Changi Sailing Club'.
3. This is a structured course so there will be no make-up lessons, should the participant fail to attend the sessions, unless otherwise specified.
4. There will be no refund for withdrawal.
5. A minimum of 6 participants is required for the class to commence.
6. Confirmation on the acceptance of the programme will be in the form of a confirmation email issued by the Club.
7. Fee is non-refundable and non-transferrable.

### For Official Use

Amount Received / Method:

Receipt No / Membership no:

Received by:

Date: