



**MEDICAL CONDITIONS** *(tick all that apply)*

Diabetes      Epilepsy      Heart problems      Allergic reactions      Other  
Details: \_\_\_\_\_

**CARE AND SUPPORT**

Will you have a carer available to provide this assistance?      Yes      No  
Any other relevant information regarding your disability that might help us, incl. assistance requirements

**GOALS AND ASPIRATIONS PERSONAL DEVELOPMENT**

What do you hope to get out of Sailability? Are there any personal goals you wish to achieve?

**DISCLAIMER**

I authorise the obtaining of any medical assistance on my behalf if, in the opinion of Sailability Wellington, such treatment is necessary.

By this application, I agree to abide by the rules of Sailability Wellington Trust, and any directions given by Coaches or Officers of the Trust.

I give my permission for the free use of my name and picture in any media account of Sailability Wellington or any future public relations of fund raising activity.

I also acknowledge that sailing is a sport with some risks and I understand that the Sailability Wellington and its officers will take all due care but that they will not be liable for any property damage or personal injury in the case of any accident or mishap. I also agree to take all reasonable care of Trust property that is under my control while participating in any Trust activity.

\_\_\_\_\_  
Member's Signature

Date:

\_\_\_\_\_  
Parent/Caregiver's Signature

Date:

You will receive a subscription invoice of \$115.00 (incl GST) at the beginning of each year. To pay by Internet banking please deposit to 06 0545 0279558 00 with your name for the code.

*The information on this form will be collected and held by Sailability Wellington Trust only and used to assist with the organisation of sailing sessions and events and for future development planning. By registering this information, you consent to the above use and disclosure of your personal information under the Privacy Act 1993.*