



SKIFF SAILING – INTRODUCTION COURSE

APPLICATION FORM

Name: _____ DOB: _____

Address: _____

Email: _____ Mob: _____

Sailing Resume

Sailing Club: _____ Financial Season 2019/20: Yes/No

Year(s)	Boat Type	Crew/Role	Comment (races)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Fitness & Health

Fitness/Strength: **Low** - No/little regular exercise & can complete 5 or less push ups in a row.

Medium – 2-3 aerobic exercise p/w & can complete 15 push ups in a row.

High - >3 aerobic exercise p/w & can complete 25 or more push ups in a row.

Swimming Ability: <25m 25 – 200m >200m

Weight: KG Height: CM

Medical Conditions: _____

Why are you interested in being selected for this course:

SIGNATURE: _____

SEND Completed form to: info@middleharbourskiffs.com.au