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| --- |
| Name of child  Parent name  Address  Telephone number  E-mail address  Date when family joined Cam Sailing Club |

|  |
| --- |
| Date of birth |

|  |
| --- |
| Date of application |

|  |
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| What sailing experience have you had in the past? |

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| --- |
| Water confidence scale:- 1 2 3 4 5  *1 is low. Circle the appropriate number.* |