

OutThere Sailing

If the participant is 13 years or younger, Please have a parent/guardian fill out with their contact details, but the participant details in mind.

Participant First Name:	Surname:
Are you the: (Please circle) Participant Parent/Guardian Other, Please Specify:	
Where are you participating in OutThere Sailing (suburb/town – Club)?	
Age:	Date of Birth: / / /
Gender: (Please circle) Male / Female / Other / Prefer not to say	
Postcode:	
Email or Instagram handle:	
Preferred Phone:	
Emergency Contact Name:	Emergency Contact Ph. No:
How would you prefer to be contacted? (Please circle)	Instagram Email Mobile Facebook
What school do you attend? (Name, Suburb/Town)	

**1. In the past week, on how many days have you done a total of 60 minutes or more of physical activity, which was enough to raise your breathing rate?
This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places.**

1 day 2 days 3 days 4 days 5 days 6 days 7 days

**2. How confident are you about being able to participate in physical activity on a regular basis?
(0 being not confident at all and 10 being extremely confident)**

0 1 2 3 4 5 6 7 8 9 10

3. Prior to participating in OutThere Sailing, how long had it been since you participated in an organised sport program/activity outside of school? (Please tick one box)

0-3 months 4-6 months 7-9 months 10-12 months 1-2 years
 More than 2 years I have never participated in an organised sport outside of school

4. If you have participated in organised sport outside of school in the last 12 months, how often was this? (please tick one box)

Daily 2-3 times per week Once a week Once a fortnight
 Once a month Once every 6 months Once a Year

5. How did you find out about OutThere Sailing?

<input type="checkbox"/> Word of mouth / friends and family <input type="checkbox"/> Website / Internet search <input type="checkbox"/> Social media <input type="checkbox"/> Poster / flyer <input type="checkbox"/> Print media (local paper, magazine etc.)	<input type="checkbox"/> Workplace <input type="checkbox"/> Email <input type="checkbox"/> Local council <input type="checkbox"/> Local sports club <input type="checkbox"/> School or university <input type="checkbox"/> Saw it in action (e.g. walking past or at an event) <input type="checkbox"/> Other _____
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6. Does the participant have a disability or physical condition, which has lasted or is likely to last six (6) months or more that restricts their life in some way? (please tick one box)

Yes No Not sure Prefer not to say

7. Where were you born? Australia Overseas
 If born overseas, how many years in total has the participant lived in Australia? _____ years

8. Have you participated in Sailing/ windsurfing/ Stand Up Paddle boarding before? Yes No

Please note your non-identifiable data will be provided to LaTrobe University on behalf of VicHealth. If you do not wish to receive further information regarding research or sailing from Australian Sailing please tick here

Conditions of Entry to OutThere Sailing – please read and sign

Terms and conditions

I hereby apply to attend a program at the nominated Centre. In so applying and in consideration of my application for the Program being accepted I acknowledge and agree that:

1. The "Centre" means a nationally recognised Australian Sailing Centre and its respective directors, officers, servants or agents responsible for offering the Program that I am seeking to enter or register for.
2. 'Australian Sailing' for the purposes of this application and declaration means and includes Australian Sailing and its respective directors, officers, servants or agents.
3. 'La Trobe University' is the physical activity data evaluator for organisations funded under VicHealth's Growing Participation in Sport program.
4. 'VicHealth' is the funding and evaluating authority of this program.
5. If accepted I will be permitted to attend the Program subject to complying with the terms and conditions of the Program, this declaration and any reasonable direction issued by the Program organisers or their representatives.
6. The Program rules and this declaration comprise a contract between me and the Centre.
7. Warning: Participation in the Program can be inherently dangerous. Risks including but not limited to overexertion, equipment failure, dehydration, serious accidents, weather conditions, water quality and shark attack can and do happen which may result in me being personally injured or my property being damaged. I have voluntarily read and understood this warning and accept and assume the inherent risks in the Program. If required, the Centre will arrange medical or hospital treatment (including ambulance transportation). I authorise such actions being taken by the Centre where my further consent cannot be obtained and agree to meet all costs associated with such action.
8. Exclusion of Liability: Except where provided or required by law and such cannot be excluded, I agree that it is a condition of my registration on the Program (if accepted) that the Centre is absolved from all liability however arising from injury or damage however caused (whether fatal or otherwise) arising out of my participation in the Program.
9. Release and Indemnity: I understand that part of the fees paid to the Centre will pay for limited insurance cover in the event of an injury. Under the Australian Sailing arranged Personal Accident Policy any injury which causes permanent, total or partial loss of any limb or impairment of sight provides limited provision for payment of treatment expenses over and above medical benefits. In consideration of the Centre accepting my application for entry to the Program I:
(a) release and forever discharge the Centre and Australian Sailing from all Claims that I may have or may have had but for this release arising from or in connection with my participation in the Program; and
(b) indemnify and hold harmless the Centre and Australian Sailing to the extent permitted by law in respect of any Claim by any person including but not only another participant in the Program arising as a result of or in connection with my participation in the Program.
10. In this clause 'Claims' means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising but does not include a claim in respect of any action, suit, etc made by any person entitled to make a claim under a relevant Program or Centre insurance policy.
11. Fitness to Participate: I declare that I am and must continue to be medically and physically fit and able to participate in the Program. Should I suffer from an allergy and/or require medication for a pre-existing condition I shall fully declare all necessary details to the Centre. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify the Centre in writing of any change to my fitness and ability to participate. I understand and accept that the Centre will continue to rely upon this declaration as evidence of my fitness and ability to participate.
12. Privacy: I understand that the information I have provided is necessary for the conduct of the Program and for the Objects of Australian Sailing, the Centre and La Trobe University. I acknowledge and agree that the information provided will only be used by Australian Sailing and VicHealth to facilitate the conduct of the Program and other Programs conducted by the Centre and Australian Sailing.
13. I acknowledge and consent to photographs and videos being taken of me during participation in Centre activities and authorise the Centre, Australian Sailing and VicHealth to use such photographs and videos for promotional or other sailing and boating development and marketing purposes without my further consent being obtained. Further, I consent to the Centre and Australian Sailing my name, image, likeness and performance in any Centre and Australian Sailing activities, at any time, to promote the Centre, program and Australian Sailing by any form of media.
14. I understand that I will be able to access my information through the Centre and Australian Sailing.
15. I acknowledge that the Centre and Australian Sailing may also use my personal information in accordance with the Australian Sailing Privacy Policy. I may advise Australian Sailing if I do not wish to receive information from Australian Sailing or any Australian Sailing sponsors or third parties.
16. Prevailing conditions: The Program and the conduct of, and participation in the Program will be affected by weather and associated conditions.
17. Given there is often an element of the 'luck of the prevailing conditions' in entering in the Program I acknowledge and agree that the Program organisers cannot control weather and associated conditions.
18. Where the applicant for the Program is under 18 years of age the parent or guardian of the applicant expressly agrees to be responsible for the applicant's behaviour and agrees to personally accept the conditions set out above including the provision of a release and indemnity in the terms set out above.

Code of Conduct

Australian Sailing places great value on the time and commitment all participants invest and will not accept behaviour which breach the Racing Rules of Sailing or the relevant Code of Conduct detailed in its Member Protection Policy. The key expectations are to:

- Encourage participants to play by the rules and respect the officials decisions and that of the event or event organiser;
- Abide by the law;
- Appreciate good performances and the skill of all participants;
- Support all efforts to remove verbal and physical abuse from activities; and
- Respect the rights, dignity and worth of every participant regardless of their gender, ability, cultural background or religion.

Refund Policy

It is at the discretion of the centres refund policy to decide the refunded amount, policy and procedure.

I acknowledge that if my application to enter the Program is successful I will be entitled to participate in the Program.

SIGNATURE

I have read, understood, acknowledge and agree to the above declaration including the warning, exclusion of liability, release and indemnity.

Applicant Signature: _____ Date: _____

Guardian Consent (for all persons under 18 years). I hereby certify and agree that all of the information contained in the Applicants declaration above is true and accurate. I authorise and consent to the applicant's participation in the above Program and agree to be independently bound by all of the terms of enrolment as set out above.

Guardian Signature: _____ Date: _____

Relationship to Applicant: _____