

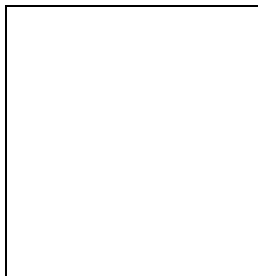


REGISTRATION FORM

Kindly fill all the fields below. Affix a copy of your Photo ID & Passport-photo.

- Name: _____
- Contact Number: _____
- Email id: _____
- Address: _____

- Course(s) enrolled for: _____
- Are you a boat owner or crew for any boat?
 No Yes, Specify Boat Name: _____
- Are you a member of any sailing club/ association? :
 No Yes, - Specify Name: _____
- Personal Sailing background:
1) _____
2) _____



SIGNATURE OF CANDIDATE: _____

Date: _____

For office use only:

Fees paid: CASH/CHEQUE NO.....DT..... (receipt no.)

INDEMNITY FORM

I, _____ son/ daughter/ of
_____ born on ___ / ___ / _____ as per the
attached copy of my (Passport / PAN Card / Voters ID Card / AADHAR CARD – Choose One)
_____ No. _____

indemnify West Coast Marine Sailing School Pvt. Ltd. / SAILING SCHOOL INDIA and all its associates
of any or all damage/ injury/ illness/ sickness/ death or loss of personal property caused either directly or
indirectly during my participation in the sailing / boating activities conducted by the Sailing School India
/ West Coast Marine Sailing School.

SIGNATURE OF CANDIDATE/ PARENT/ LEGAL GUARDIAN IN CASE OF A MINOR:

Kindly attach copy of Passport / PAN Card / Voters ID Card / Aadhar Card of Parent in case of minor.

Date:-

2. AUTHORISED SIGNATORY, SSI/WCMSS:

HEALTH DECLARATION FORM

Name: _____

1. Do you suffer from any allergies? : Yes / No
If yes, please give details

Are you taking prescribed medication and/or receiving medical treatment? : Yes / No
If yes, please give details

2. Do you suffer from epilepsy, giddy spells, asthma, diabetes, angina or other heart condition? : Yes / No
If yes, please give details
(Current or previous health problems do not necessarily preclude you from going for a holiday afloat. If you have any queries please contact us in confidence)

3. Do you regard yourself as disabled : Yes / No
- if so how?
(We are happy to accommodate clients with disabilities. If you have any queries please contact us in confidence)

Are you a swimmer and are you comfortably able to swim about 50 meters without an aid? : Yes / No
(This will not impact your ability to sail)

I am confident in the water wearing a buoyancy aid/life jacket : Yes / No

4. In case of an Emergency please give us details of person to contact:

Name:

Address and Contact Details:

Relationship to you:

SIGNATURE OF CANDIDATE / PARENT / LEGAL GUARDIAN: _____

Date: _____

West Coast Marine Sailing School Pvt. Ltd. Colaba Workshop Bldg., Lala Nigam Road, Jamshedji Bunder, Colaba, Mumbai - 400005, INDIA.

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