

REGATTA SAILING ACADEMY

PO Box 18104 – Doha – Qatar

Tel. 44424577/55507846

MEMBERSHIP REGISTRATION/ DISCLAIMER

September 10 – July 11

FAMILY NAME:..... Husband's given name:.....

Single/Couple/Family Membership..... Wife's given name:

Children: 1)..... 2)..... 3).....
Name and age Name and age Name and age

PLEASE PRINT YOUR NAMES CLEARLY IN BLOCK CAPITALS

Nationality: Husband's employer in Qatar:

Please indicate below any illness, condition, disability that we should know about, ie giddy spells, asthma, diabetes, angina, etc (This information is completely confidential, required for the instructors to ascertain any medical advice/assistance as necessary). If none, please write "none".

.....

Can you all swim? YES / NO. Please give brief details of yours/your family's sailing experience:

.....

Please sign below, having understood RSA rules overleaf and this disclaimer:

Whilst every care is taken regarding safety, neither the Regatta Sailing Academy nor Gulf Hotels/Intercontinental Hotel take any responsibility whatsoever for any accident or injury to any sailor howsoever caused, or loss of any personal possessions. Buoyancy aids are provided and must be worn; a safety boat is on hand at all times. I agree to keep within Doha Bay, out of restricted areas and abide by safety rules and rules of Academy membership as described overleaf.

I declare that I/we are fit to participate in Regatta Sailing Academy membership, courses and any events open to me/us at the Academy and agree to abide by the rules of RSA membership as over. Please note that any member or guest not abiding by RSA rules risks cancellation of membership.

Signed: Date:

Tel: Home: Mobile: E.mail

RSA Use

Membership Commencement Date: Amount Paid:

Taken by : Date:
Instructor's Signature