



# Student Information Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Course Date: \_\_\_\_\_ Course Location: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hobbies: \_\_\_\_\_

## Emergency Contact

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Sailing Experience

Have you ever sailed before? \_\_\_\_\_

If yes, then what type of boat? \_\_\_\_\_

Have you ever taken a sailing class? \_\_\_\_\_

If yes, then what course, organization and duration? \_\_\_\_\_

What are your goals and expectations? \_\_\_\_\_

## Health Information

Please list any health restrictions: \_\_\_\_\_

Please list all medications: \_\_\_\_\_

Please list any recent injuries or operations: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Please list any special diet needs: \_\_\_\_\_

Swimming level (please check one):  Beginner |  Intermediate |  Advanced

Sunshine Coast Adventures sailing school reserves the right to refuse any applicant due to health information provided. Sailing can be strenuous at times and weather conditions demand a certain amount of physical fitness. If we find that you should contact your physician before attending, we will have you fill out a medical form that will be reviewed and signed by your physician. The medical form can be downloaded from our website.

Questions? Email us at [info@sunshinesailing.com](mailto:info@sunshinesailing.com) or call 305-942-9645