



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 or call 305-942-9645