

**LMYC CREW REGISTER
CREW REGISTRATION FORM**

In completing the details on this form I authorise the LMYC and its staff, agents and servants to disclose the information to a bona fide inquiry for which the Register has been established and I agree to comply with the LMYC Privacy Policy.

I will not disclose to any other person the details of a SKIPPER I may receive.
I acknowledge that I will disclose to the Skipper any medical or physical condition which may have a sudden onset or affect my ability to perform as a crew.

A SKIPPER undertakes not to disclose your details to any other person

FIRST NAME or PREFERRED NAME		AGE GROUP <input type="checkbox"/> 18-25 <input type="checkbox"/> 25-35 <input type="checkbox"/> 35-45 <input type="checkbox"/> 45-55 <input type="checkbox"/> OVER 55		WEIGHT IN KGS <input type="checkbox"/> UNDER 50 <input type="checkbox"/> 70-80 <input type="checkbox"/> 50-60 <input type="checkbox"/> 80-90 <input type="checkbox"/> 60-70 <input type="checkbox"/> 90+	
MALE/FEMALE	HEIGHT <input type="checkbox"/> SHORT <input type="checkbox"/> MEDIUM <input type="checkbox"/> TALL	LMYC MEMBERSHIP NUMBER MEMBERSHIP APPLICATION FORM ON WEB		AS MEMBERSHIP No. OBTAINABLE FROM RECEPTION	
TYPE OF RACING YOU ARE INTERESTED IN <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> FRIDAY TWILIGHT <input type="checkbox"/> WINTER- SUNDAY <input type="checkbox"/> CRUISING <input type="checkbox"/> OFFSHORE <input type="checkbox"/> NONSPINNAKER <input type="checkbox"/> SPINNAKER		YA QUALIFICATIONS HELD <input type="checkbox"/> INTRODUCTORY <input type="checkbox"/> COMPETENT CREW <input type="checkbox"/> INSHORE SKIPPER <input type="checkbox"/> COASTAL SKIPPER <input type="checkbox"/> YACHTMASTER <input type="checkbox"/> RACING CREW/SKIPPER <input type="checkbox"/> CURRENTLY TRAINING <input type="checkbox"/> NONE <input type="checkbox"/> COXWAIN <input type="checkbox"/> MASTER		YEARS OF SAILING EXPERIENCE <input type="checkbox"/> LESS THAN 1 <input type="checkbox"/> 1 TO 3 <input type="checkbox"/> 3 TO 5 <input type="checkbox"/> 5 TO 10 <input type="checkbox"/> MORE THAN 10	
BRIEF DETAILS OF SAILING EXPERIENCE					
FULL NAME		ADDRESS			
		POST CODE			
HOME PHONE		MOBILE	WORK PHONE	E-MAIL	
		STATE YOUR PREFERRED METHOD OF CONTACT			
SIGN					
DATE		[LMYC OFFICE USE.DETAILS SUPPLIED TO]			

Submit this form on-line or E-mail to racing@lmyc.com.au