

**2023 Quinte SailAbility Student Information Sheet
Required Info**

CONFIDENTIAL
Access: Coaches and Executive Officers

Joined: _____
Name: _____
Address: _____
City: _____
Phone: _____
E-mail: _____
Emergency Contact _____ Phone: _____
Health Card # _____
Doctor: _____ Phone _____
Date of Birth _____ Weight _____

Swimming experience	None:	<input type="checkbox"/>	Sailing/Boating experience	None:	<input type="checkbox"/>
	Weak	<input type="checkbox"/>		Weak	<input type="checkbox"/>
	Good	<input type="checkbox"/>		Good	<input type="checkbox"/>
	Excellent	<input type="checkbox"/>		Excellent	<input type="checkbox"/>

Other Sports

Do you have difficulties:

Visual	<input type="checkbox"/>
Auditory	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>
Seizure	<input type="checkbox"/>
Heart Condition	<input type="checkbox"/>
Motor Skills	<input type="checkbox"/>

Comments

Office Use Only

QS Courses Attained: White I White II White III
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