

CONFIDENTIAL

Access: Coaches and Executives Officers



Quinte SailAbility Student Information Sheet

Required Info

Joined:

Name:

Address:

City:

Phone:

E-mail:

Emergency Contact:

Phone:

Health Card #:

Doctor:

Phone:

Date of Birth:

Weight:

Swimming Experience:

Sailing/Boating Experience:

Other Sports:

Do you have difficulties?

Visual

Seizure

Auditory

Heart Condition

Respiratory

Motor Skills

Comments

Office Use Only

Courses Attained: Whale I
Whale II
Whale III