

**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

To insert ✓ use 'Insert 'on the toolbar and use 'Symbols' or highlight

<b>FIRST NAME or PREFERRED NAME</b>		<b>AGE GROUP</b> <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		
<b>LMYC MEMBERSHIP NUMBER</b>  <input type="checkbox"/> PLEASE SEND A FORM		<b>YA SILVER MEMBERSHIP No.</b>  <input type="checkbox"/> PLEASE SEND A FORM		
<b>TYPE OF RACING YOU ARE INTERESTED IN</b> <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	<b>YA QUALIFICATIONS HELD</b> <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	<b>YEARS OF SAILING EXPERIENCE</b> <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		
<b>BRIEF DETAILS OF SAILING EXPERIENCE</b>				
<b>FULL NAME</b>		<b>ADDRESS</b>		
		POST CODE		
<b>HOME PHONE</b>	<b>FAX</b>	<b>MOBILE</b>	<b>WORK PHONE</b>	<b>E-MAIL</b>
		<b>STATE YOUR PREFERRED METHOD OF CONTACT</b>		
<b>SIGN</b>				
<b>DATE</b>		[LMYC OFFICE USE.DETAILS SUPPLIED TO]		

Submit this form on-line or E-mail to [racing@lmyc.com.au](mailto:racing@lmyc.com.au)