



## PARTICIPANT REGISTRATION FOR SAILABILITY

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address \_\_\_\_\_

My intention in volunteer with Sailability Cairns is: (Check all that apply)

- Recreation / Sporting  Learn to sail  
 Assisting others  Other (Please Note Below)

Support Organisation Name and Contact Information

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Qualifications (Check all that apply)

- Recreational Marine Drivers Licence  Blue Card Queensland  
 Marine Operators Licence  Senior First Aid  
 Other (Please note below)

Other Comments, Information or Support needs / Disability / Disadvantage

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Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Support Organisation \_\_\_\_\_

Supporters Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signed for Sailability \_\_\_\_\_ Date \_\_\_\_\_

**Public Insurance Declaration:** Sailability Cairns is insured for Public Liability cover on a shared insurance policy with Sailability Queensland for up to \$20,000,000 in any one event.