



## SAILING ADVENTURE APPLICATION FORM

VOYAGE	DATES	CHOICE (1, 2 OR 3)
30501	Tuesday 5 May 09 - Thursday 7 May 09	
30502	Monday 18 May 09 - Wednesday 20 May 09	
30703	Friday 3 July 09 - Sun 5 July 09	
30704	Friday 10 July 09 - Sun 12 July 09	

Please tick the box if you are happy to be considered for placement on any available voyage

**Please apply early to ensure your preferred dates can be met!**

### DATES

Please select which trip you would like to go on in order of preference from the dates below. Please note, the ship has limited capacity of 10 berths per trip and acceptance is not guaranteed. Please be prepared to accept an alternative date, potentially at short notice in the event of cancellation.

### COSTS

Each voyage costs \$750 per person for a 3-day trip, carrying a total of 10 young people. A minimum contribution per child of **\$375** will be required to participate for Northland based youth. Where there is ability to pay more, additional contributions will be treated as donations to assist with grants through our *Mates of the Tucker* programme. If you are not domicile in Northland a minimum contribution of \$450 voyage cost must be paid. If you are from overseas, the full \$750 is required.

### OFFICE USE ONLY

	Amount	Payment type
Deposit		
Balance		
Referral form		
Acceptance sent		
Joining sent		
Feedback received		



## PERSONAL DETAILS

First Name:		Middle name (s)	
Surname (whanau)			
Email:			
Postal Address			
Home phone:		Mobile:	
If you do not live in Northland, do you have links to Northland?			Yes
Please explain			
Date of birth		Sex	Male
Weight		Height	
Ethnicity	Maori <input type="checkbox"/>	Pacific Island <input type="checkbox"/>	
	European <input type="checkbox"/>	Other please state:	
School			Town
Parent or caregiver contact name			
Caregiver phone:		Caregiver mobile:	
Sports, hobbies and interests			

**You must be 13-18 years of age and meet our medical criteria**



**PERSONAL ESSAY**  
**(TO BE COMPLETED BY APPLICANT)**

<b>First Name:</b>		<b>Surname (whanau)</b>	
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**Tell us a bit about yourself and your whanau or family:**

*Use additional paper if needed*

**Tell us why you would like to come on a sail training trip:**




*Use additional paper if needed*

What is the biggest challenge for you on this trip?

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*Use additional paper if needed*

Anything else about yourself you would like us to know?

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## RELEASE FROM LIABILITY & CONSENT FORM

### PAYMENT OF FEES

Please note that Joining Manual is only issued once acceptance has been made and payment has been received in full. If funds are being sought elsewhere (e.g. Pub Charities, Lion Foundation, Service Organizations) please advise us when payment can be expected and from whom.

### REFUNDS

Refunds will not be made if the berth is cancelled within three weeks of sailing. If cancellation is due to injury or illness (medical certificate required) sail trainees will be placed on another voyages. Where cancellations are made within a reasonable time, refunds will be provided less \$100 administration fee.

### PERSONAL ITEMS

The R. Tucker Thompson Sail Training Trust cannot be held responsible for any damage to property or belongings taken aboard the vessel and you should arrange your own insurance of these items. **Alcohol and drugs are not permitted under any circumstances and if found will result in instant removal of the sail trainee at the nearest port. Absolutely no Cellphones, I-pods or other electronic items are permitted on board, please do not bring these or you will be asked to hand them in on arrival.**

### VOYAGE SAFETY

The R. Tucker Thompson Sail Training Trust uses its best endeavours to ensure that any voyage is safe for those involved. Participation in a voyage, however, will involve both physical efforts on the part of the Sail Trainee and potentially exposure to greater than usual risk.

The Trust attempts to minimize these risks by being a responsible and professional organization with high standards of safety and discipline when on a voyage. For this reason, Trainees must agree to abide the safety and instructions given to them and be able to meet the minimum fitness and health requirements sent out by the Trust. By signing this form you, and your parents or caregivers agree:

1. To accept the risks inherent with any voyage
2. To comply with the safety standards and directions given to you while on board
3. That the Trust, its servants and agents (whether negligent or not) shall not be responsible for any injury, accident, loss, damage or expense suffered by you on the voyage.

### PRIVACY ACT AND MEDICAL INFORMATION

The information collected by the R. Tucker Thompson Sail Training Trust in this application is used for the purposes of assessing your suitability for the nominated voyage, for the administration of the voyage and for statistical purposes. The information will also be used to send you further information about the voyage and the Trust's activities.

It may be necessary for the Trust's staff to discuss your medical history with your doctor either before you are accepted for a voyage or subsequently. By signing this form and the form attached to the medical, you and your parents or caregivers consent to do this.

**Sail Trainee Signature:** .....**Date :** .....

**Parent or Caregiver Signature:** .....**Date :** .....



**MEDICAL QUESTIONNAIRE FOR :.....**

Can you swim?	No
Have you ever had epilepsy or any neurological disorder	No
Did you ever faint or have blackout spells	No
Do you have diabetes	No
Are you pregnant? If yes how many months	No
Have you ever had a major operation	No
Are you presently being treated by a doctor	No
Are you taking any regular medication?	No
Do you have any blood or bleeding disorders?	No
Have you any lung or bronchial disorders, asthma or respiratory problems	No
Do you have high blood pressure	No
Have you had angina, heart attack or any cardio-vascular problems?	No
Do you get fatigued or short of breath easily	No
Do you suffer from any joint, musculo-skeletal or from recurrent dislocation (eg shoulder) problems	No
Do you have any back problems	No
Do you have any limiting physical handicap (including sight/hearing problems)	No
If yes, please detail	
Do you have any mental disorders, mental illness or intellectual problems (treatment for mental depression must be included)	No
Do you undertake any regular exercise	No
Any dietary requirements (e.g. vegetarian)	No
Are you allergic to any foods or medications (e.g. Penicillin) or have any known reactions to drugs and medication	No
If you have answered yes to any of the above questions, please elaborate with details here	
Is there anything else that we should know about, that could affect your ability to undertake the voyage	

**Sail Trainee Signature: .....Date : .....**

**Parent or Caregiver Signature: .....Date : .....**



Please include with your application a letter of recommendation from an adult, *not a family member*, such as a teacher, coach or family friend in support of this application.

The minimum contribution towards the cost of the trip is \$375.00. A deposit of \$150.00 is required to secure a berth; the balance of \$175 is required no later than four weeks prior to departure.

If you are able to contribute more, please consider making a donation as this will be directly applied to our *Mates of the Tucker* programme and used to fund grants for those less able to fund the trip cost. All donations over \$5 are tax deductible and will be provided with a receipt.

**CHECKLIST:**

- Application form (all pages)
- Personal Essay
- Letter of reference from friend
- Parental or caregiver consent form
- Medical Form
- Deposit \$150.00
- Donation amount: .....

Please post these forms to:  
R. Tucker Thompson  
P O Box 42  
Opua 0241

**Sail Trainee Signature:** ..... **Date :** .....

**Parent or Caregiver Signature:** ..... **Date :** .....

A limited amount of funds may be available for grants. Do you need a grant to assist with your application? **YES/NO**  
*If you need a grant to assist with this amount, we will post you a grant application form.*