

RYA Adult Level One Start to Sail 2019
Course Application

Saturdays 17/24/31 August and 7 September (9am-12.am)

(Please Write in Block Letters)

First Name.....Surname.....

E-Mail address.....

Telephone.....

Address

.....Post Code.....

When did you join Papercourt Sailing Club?.....

Own boat details. Sail No..... **OR**

Do you wish to use a PSC boat? YES / NO

Previous sailing experience and any certificates.....

.....
I wish to enrol for the Papercourt Start 2 Sail Level 1 Course. I understand that only current members of Papercourt Sailing Club may attend. Whilst all reasonable care will be taken, the club cannot accept responsibility for any loss, injury or damage to people or property.

If I provide my own boat, I confirm that it has valid and current third party insurance of at least £2million, for the duration of the course. (It is a club requirement that all boats used at the club are so insured)

I note that photographs may be taken during the course, both on and off the water, and I consent to these being published in club publications and/or on the website or display boards.

I have completed the medical declaration and contact details on the reverse.

SIGNED

Date

Please send this application to training@papercourt-sc.org.uk Closing date 1st August. If you can be accommodated on the course you will be advised by 4th August and asked to make payment. The fee for this course is £50.00 including use of club boat

Should you be awarded an RYA certificate on completion of this course, your name, certificate number and date of issue will be stored for up to seven years. This information allows us to verify or replace your certificate if required.

Medical Form and Contact details.

Course – **Adult Level 1 Start to Sail Course 2019 – August/September**

Name of Course Participant

1 (a) Does the participant have any specific medical conditions? YES / NO

1 (b) If so, please give details.

2 (a) Does the participant take any medication (including intermittently, e.g. inhaler)? YES / NO

2 (b) If so, please give details.

2 (c) How/where will this be held available should it be required?

3 (a) Does the participant have any allergies?

3 (b) If so, please give details.

4. Is there anything else you feel the organisers should know about the participant?

Swimming ability (at least 50 metres).....

Please provide contact details of Partner/Next of kin during the duration of the course, should an emergency arise.

Name Phone no.

Name Phone no.

In an emergency, I agree to the course organisers, or person nominated by them giving consent to a doctor for emergency medical treatment, if the doctor concerned reasonably believes it is essential for the well-being of the participant.

I will notify the organisers of any changes to the above prior to/during the course.

Signature of Applicant.....Date

Some of the details on this form will be held on computer, and used for administration purposes only.