

Papercourt Sailing Club. RYA Assistant Instructor Course 2020 Course Application

(Please write in Block letters)

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

E-Mail

Contact phone number.....

Address

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

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

Age: state age if under 18.....and Date of birth.....(optional for over 18's)

Previous sailing experience and any certificates gained

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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.

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.....
(Parent/Guardian if under 18)

DATE

Please send this application form to: Tom Key at tom_key@hotmail.com or 29, Knox Road, Guildford, GU2 9AH.

On successful completion of your 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.

PTO...

Medical Form and Contact details.

Course – RYA Assistant Instructor 2020

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 Parent / Guardian/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.

Signed by ParticipantDate
(if over 18)

Name of Parent/Guardian.....
(when participant is under 18)

Signature of Parent/Guardian.....Date

Any further information you wish PSC to be aware of-

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