

Carry on Sailing Course 2020

Course Application

Mondays 22nd, 29th June & 13th, 20th July

Course fee: £40

(Please write in Block Letters)

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

E-Mail address.....

Telephone.....

Address

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

When did you join Papercourt Sailing Club? (approx.).....

Own boat details (if you wish to use it).

Hire boats are included in the fee.

Note, due to Covid-19 restrictions, you will have to sail single-handed unless from the same household.

Previous sailing experience and any certificates.....

I wish to enrol for the Papercourt Carry on Sailing Course 2020

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.

(If the applicant is under the age of 18, the form should be signed by the Parent/Guardian on their behalf)

SIGNED

Date

Please scan and send this application to- fraserhayden@hotmail.com,

Course fee is **£40**, but do not send payment until your place is confirmed.

PTO.....

Medical Form and Contact details.

Course – **Carry on Sailing Course**

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

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