



CHELMARSH SAILING CLUB

Affiliated to the Royal Yachting Association

Adult Sail Training Course 2011

First Name: Surname:

First Name: Surname:

Age(s) if under 18: If under 18 a parent or guardian must sign below

Full postal address:

Post

Code:

Telephone No: Email:

Please state if you are a member of Chelmarsh Sailing Club:

Do you have your own sailing dinghy? If yes what type?

Do you wish to use it on the course? (Not all boats are suitable)

Please give brief details of any previous sailing experience:

Do you have a medical condition or disability? YES / NO

If YES give details (eg diabetes, epilepsy, asthma, partial-sighted etc):

Telephone No. to contact in an emergency (next of kin):

I enclose my cheque for £ in payment of the Deposit / Full Fee

Signed:

Parent or Guardian

I agree to my child(ren), named above, taking part in the above Training Course

Signed: Parent/Guardian name: