

Adult Training Application Form

RYA Levels 1 & 2



Course dates: 2018
Sat 22nd, Sun 23rd, Sat 29th,
Sun 30th September
9.30am to 5pm
Fee for the course £150.00
plus membership of the club

SAILORS NAME:	M / F	SAILORS EMAIL:
Age Group: 18-30, 31-40, 41-50, 51+		SAILORS MOBILE:
ADDRESS:	SAILORS HOME TEL:	
POST CODE:		
CONTACT IN CASE OF AN EMERGENCY:	MOBILE NO:	
NAME:	TEL NO:	

Disclaimer of Liability

Participants are entirely responsible for their own safety, whether afloat or ashore, and nothing reduces this responsibility. Courses will be run to the conditions and recommendations of the RYA. RYA Senior/Instructors do not accept responsibility for any loss, damage or injury suffered by persons and /or their property arising out of or during the course of their activities whilst training and/or coaching and/or instructing unless such injury loss or damage was caused by, or resulted from negligence or deliberate act of Cransley Sailing Club.

I give */ I do not give* permission to be photographed or videoed whilst undertaking sailing activities.

Do you have any previous dinghy experience?: Yes / No, if Yes what?

Why have you chosen to learn to sail at Cransley Sailing Club?

Signed Date.....
(Please delete as necessary*)

Please complete this form and return it to Sue Bull. Payment must be made in full to secure your place on the course. Payment can be made by cheque made payable to Cransley Sailing Club, or by Bank transfer using the details below
Account Name: Cransley Sailing Club : Barclays Bank Plc : Sort Code 20-45-77 : Account Number 40299456
Add course and your family name as a payment reference.

Fees: Training Course and membership fees are non-refundable.

Data Privacy Policy: this can be found on our website - www.cransley.org.uk/useful-documents-paperwork.

Please return forms to Sue Bull, Cransley Sailing Club, C/o Church View, Orton, Kettering, Northamptonshire NN14 1LJ
Em: courses.cransleysailingclub@gmail.com

www.cransley.org.uk

Confidential Medical Consent Form

Your Name:.....

Course and dates:

Do you have any medical conditions or learning needs? Yes / No

If YES please give details together with any medication being taken.
i.e. ADHD / Allergies / Asthma / Dyslexia / Epilepsy / Heart Conditions/ Impetigo /
Other?

I authorise Cransley Sailing Club Instructors to approve such medical treatment on my behalf as is deemed necessary in an emergency and /or upon the advice of a qualified medical practitioner.

It is your responsibility to make known any potential medical conditions that may affect your own personal safety during the activities associated with the course.

Declaration

I consider myself physically fit to take part in the course and can swim 50 metres in light clothing with a buoyancy aid.

Signed..... Date.....

Please also download and return the membership form which can be found on our website on the Join Us page.