

**Youth Training  
Application Form  
Age: 8 to 15 years  
RYA stages 1 & 2**



**Course dates: 2018  
Monday to Thursday  
30 31 July 1 & 2 August  
Time: 9.00am to 5pm  
Fee - £150.00 + membership fee**

<b>SAILORS NAME:</b>	<b>M / F</b>	<b>SAILORS EMAIL:</b>
<b>DOB:</b>		<b>SAILORS MOBILE:</b>
<b>Age on the date of the course:</b>		
<b>ADDRESS:</b>		<b>SAILORS HOME TEL:</b>
		<b>SCHOOL:</b>
<b>POST CODE:</b>		<b>SCHOOL YEAR:</b>
<b>IN CASE OF AN EMERGENCY PARENT/S/GUARDIAN/S NAME/S:</b>		<b>MOBILE NO:</b>
		<b>HOME TEL NO:</b>

**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.

**Parent Declaration: (for U18 sailors)**

As Parent / Guardian, I give permission for the participant named to take part in the course listed above. I accept that the good behaviour of my dependant is a fundamental condition of participation and that Cransley Sailing Club has the right to exclude any sailor not complying with this requirement.

Does your child have any previous dinghy experience?: Yes / No, if Yes what?

How did you hear about us?

Why have you chosen Cransley Sailing Club for your child to learn to sail?

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

Signed ..... Date.....  
(Please delete as necessary\*) Parent / Guardian

# Confidential Medical Consent Form

Sailor's Name.....

Course and dates.....

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

If the answer to any of these questions is 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 for my child 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 child's personal safety during the activities associated with the course.

## Declaration

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

Signed..... Date.....  
Parent / Guardian

Please complete this form and return it to Sue Bull. Payment must be made in full to secure your child's 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.

Please download and return the membership form which can be found on our website [www.cransley.org.uk/join-us](http://www.cransley.org.uk/join-us)

**Data Privacy Policy:** this can be found on our website - [www.cransley.org.uk/usefuldocuments-paperwork](http://www.cransley.org.uk/usefuldocuments-paperwork)

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