

Booking Form

Please complete a separate application for each course in **BLOCK CAPITALS**

Forename	
Surname	
Address	
Postcode	Date of Birth / /
Daytime phone number:	
E-mail	
Please enrol me for course ref:	
Starting date	
Special needs:	
Previous experience or qualifications	
Age group (please tick)	
18-25 <input type="checkbox"/>	26-40 <input type="checkbox"/> Over 40 <input type="checkbox"/>
PARENT/GUARDIAN TO COMPLETE FOR PARTICIPANTS UNDER THE AGE OF 18	
If under 18 state: Age	
Parent mobile phone no.	
I hereby give my permission for photographs to be taken of my child while on this sailing course.	
Signature of parent/guardianDate	
I confirm that the above information is correct and that I accept the terms and conditions as outlined in the Training Brochure.	
I also confirm that the above is my dependant. I give consent for them to participate in this sailing course. Please note that under 18's must also complete a full Medical Consent Form. Medical Consent Form completed <input type="checkbox"/>	
Signature of parent/guardianDate	
Class of boat available (Own boat tuition)	
Course fee (member / non-member)	
£	

Cheques should be made payable to Draycote Water Sailing Club Ltd.
All major credit cards received

Health Form

To be completed by participants over the age of 18

(Under 18's should complete a full Medical Consent Form).

This information is required for safety purposes so that your instructor can arrange your course to the best advantage.

Physical Fitness

Are you fit to participate in the course?

Yes / No

Can you swim?

Yes / No

Please advise us if you suffer from any illness or medical condition such as epilepsy, disability, giddy spells, asthma, diabetes, angina or other heart condition. If none write NONE.

Name and phone number of a person we can contact in an emergency.
BLOCK CAPITALS please.

Name:

Telephone no:

I confirm that the above information is correct and that I accept the terms and conditions as outlined in the Training Brochure.

Signature:

Date:

Cheques should be made payable to Draycote Water Sailing Club Ltd and sent together with this form to:

The Club Secretary
Draycote Water Sailing Club
Kites Hardwick
Rugby
Warwickshire CV23 8AB

Telephone: 01788 811153
Fax: 01788 811593
E-mail: office@draycotewater.co.uk