



JUNIOR SAILING TRAINING 2018 APPLICATION

MEMBER DETAILS:

MINIMUM AGE 9

Participant Name/s _____ Age/s _____

Address _____

EMERGENCY CONTACT DETAILS:

Contact Name _____ Relationship _____

Contact Numbers _____

For safety reasons all participants must provide information of swimming ability and any disability or medical condition prior to joining.

Any disabilities / learning difficulties? Yes / No

Any medical disorders? Yes / No

Bringing your own medication? Yes / No

If "Yes" to any of the above, please provide details.

Able to swim 50m and tread water confidently? Yes / No

Please indicate skill level: Novice / Improver

Current Data Protection Legislation. From time to time, photographs & Videos of Club Members (including children) may be taken and may be used for Club Records, Club Website & Face Book or for publicity purposes. Please indicate (by ticking the appropriate box) if you agree or disagree that images & videos may be used as shown above. Members' details are held digitally, unless you request otherwise. We do not supply mailing lists to any other organisations.

Yes, I agree

No, I do not agree

DECLARATIONS

(If participant **under 16** – to be completed by Parent / Guardian)

The details above are correct. My son/daughter understands the importance of following the instructions of the volunteer members running the training in ensuring their safety. I agree to my son/daughter participating in the 2018 Gairloch Boat Club Junior Training programme.

Parent Signature _____ Parent Name _____
(Please Print)

Date: _____