

## **Booking Form**

## Minimum Age 9

JUNIORS Beginners Sailing Course Monday 27 <sup>th</sup> to Friday 31 <sup>st</sup> July 2020	
Participant Name/s	Age(s)
Address	
Course Fee Members £150. Non-Members £175 Payment can made by -  BACS: Gairloch Boat Club Sort Code: 80-06-87. Account: 00313003  Please give your Last Name as Reference. Cheques, make payable to "Gairloch Boat Club", & send to The Club House, PIER ROAD, GAIRLOCH, WESTER ROSS IV21 2BQ	
Contact Name	Relationship
Contact Numbers	
For safety reasons all participants must p medical condition prior to joining.	rovide information of swimming ability and any disability or
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 provid	de details.
A Safety Boat will be in attendance at all	uoyancy Aid, which everyone will be wearing, will ensure flotation. times on the water.
Please indicate skill level:	Novice / Improver
(including children) may be taken and n publicity purposes. Please indicate (by t images & videos may be used as shown held digitally. We do not supply mailing lists <b>Yes, I agree</b>	From time to time, photographs & Videos of Club Members may be used for Club Records, Club Website & Face Book or for cicking the appropriate box) if you agree or disagree that above. As required by the regulations Applicant's details are to any other organisations.  No, I do not agree
DECLARATIONS	
of the Instructor & any volunteer members	ughter understands the importance of following the instructions
Parent Signature	Parent Name
	(Please Print)
Data	