



Booking Form

Minimum Age 9

JUNIOR Beginners Sailing Course Monday 27th to Friday 31st July 2020

Participant Name/s _____ Age/s _____

Address _____

Course Fee **Members £150. Non-Members £175.** Payment can be 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

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 25m and tread water confidently? Yes / No

We do not advise trying to swim as the Buoyancy Aid, which everyone will be wearing, will ensure flotation.

A Safety Boat will be in attendance at all times on the water.

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. As required by the regulations Applicant's details are held digitally. 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 Instructor & the volunteer members assisting in ensuring their safety.
I agree to my son/daughter participating in the Gairloch Boat Club Junior Training programme.*

Parent Signature _____ Parent Name _____
(Please Print)

Date: _____