



2014 Junior Membership/Training Application Form

This form should be completed in full and must be signed by a Parent/Guardian.
 Please contact Mark Taylor (see below) for information about Youth training courses.
 Payment should be made by Credit Transfer or be attached to the form when it is submitted.
 A Junior is under age 18 at 1 January 2014. The membership year runs from 1 January to 31 December.

SECTION 1: JUNIOR DETAILS				SECTION 2: EMERGENCY CONTACT			
Junior Name				Parent/Guardian Name			
Address Line 1				Parent/Guardian Phone			
Address Line 2				Parent/Guardian Mobile			
Address Line 3				Parent/Guardian Email			
Post Code				Second Contact Name			
Junior Home Phone				Second Contact Phone			
Junior Mobile				Second Contact Mobile			
Junior Email				Second Contact Email			
Junior Date of Birth				Relationship to Junior			
SECTION 3: FEES AND METHODS OF PAYMENT							
Junior Under age 18 at 1 Jan 2014 (Unless already paid in Family Membership)	£22			Payment Method (see options below)			
Own boat stored in compound	£30			Credit Transfer: Sort code 80-06-66 Account No. 00833796 Reference Junior's name			
Beginners Sailing Course OR Improvers-Race Coaching	£18 £18				Cash with form to: Mark Taylor / Iso Tipler		
Total £					Cheque payable to: Stromness Sailing Club		
SECTION 4: OWN BOAT DETAILS (IF ANY)							
Boat Class		Boat Name		Boat No.		Sail No.	
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NOTE: A member's own boat sailed at the Club MUST carry third party liability insurance of at least £3 million.							
SECTION 5: PREVIOUS SAILING EXPERIENCE AND RELEVANT QUALIFICATIONS							
Has the applicant done a First Aid Course?				Can the applicant swim 50 metres?			
PLEASE COMPLETE SECTIONS OVERLEAF THEN RETURN FORM TO EITHER OF THE FOLLOWING:							
Name:		Mark Taylor (Senior Instructor)			Iso Tipler (Secretary/Membership Secretary)		
Address:		46 Hamnavoe Stromness KW16 3JQ			Stara Birsay KW17 2ND		
Email:		mark.taylor1@mac.com			isobeltipler@btinternet.com		
Phone:		01856 851968			01856 721370		
Mobile:		07662 78880					

SECTION 6: MEDICAL INFORMATION (Enter 'Yes' or 'No' in each case)

Has the Junior had any of the following? Asthma Bronchitis Heart condition Fits, fainting or blackouts Epilepsy Severe headaches		Diabetes Allergies to any known medication Any other allergies, eg material, food, plasters Other illness or disability Travel sickness Regular medication
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If the answer to any of these questions is 'YES', please give full details below

Has the applicant received vaccination against Tetanus in the last 10 years?	
Is the applicant receiving medical or surgical treatment of any kind from your family doctor or a hospital?	
Has specific medical advice been given to follow in emergencies?	

If the answer to either of the last two questions is 'YES', please give details below (including name and dosage of any medicines/tablets).

Name of Family Doctor		Medical Practice Phone	
Name and Address of Medical Practice			

Please state below any restrictions you wish to place on emergency medical treatment.

SECTION 7: DECLARATION AND PARENTAL CONSENT (READ CAREFULLY BEFORE SIGNING)

The Club uses videos as training aids and uses photographs to accompany newspaper reports or for its website and facebook pages. Do you give consent for videos/photographs to be taken during sailing activities?

I apply for Junior membership for the applicant named overleaf and Youth Sail Training (delete the latter if it does not apply).

I attach payment of the total fees due. OR I confirm that payment has been made by Credit Transfer.

I understand that a member's own boat sailed at the Club **MUST** carry third party insurance of not less than £3 million.

I understand that sailing is a potentially hazardous and strenuous activity and confirm that the Junior is physically fit enough to take part.

I have disclosed all relevant medical information and understand that this information will be held securely. I undertake to inform Stromness SC if any of the medical information provided changes during the current sailing season.

In the event of a medical emergency, I authorise the transport of the Junior to hospital and give full permission for any treatment required to be carried out in accordance with the hospital's diagnosis, subject to any restriction stated above. I understand that I will be notified, as soon as possible, of the hospital visit and of any treatment given.

Date		Signed by Parent / Guardian	
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