



## 2016 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 Junior 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 2016. The membership year runs from 1 January to 31 December.

SECTION 1: JUNIOR DETAILS				SECTION 2: EMERGENCY CONTACT				
Junior Name		Parent/Guardian Name		Parent/Guardian Name		Parent/Guardian Name		
Address Line 1		Parent/Guardian Phone		Parent/Guardian Phone		Parent/Guardian Phone		
Address Line 2		Parent/Guardian Mobile		Parent/Guardian Mobile		Parent/Guardian Mobile		
Address Line 3		Parent/Guardian Email		Parent/Guardian Email		Parent/Guardian Email		
Post Code		Second Contact Name		Second Contact Name		Second Contact Name		
Junior Home Phone		Second Contact Phone		Second Contact Phone		Second Contact Phone		
Junior Mobile		Second Contact Mobile		Second Contact Mobile		Second Contact Mobile		
Junior Email		Second Contact Email		Second Contact Email		Second Contact Email		
Junior Date of Birth		Relationship to Junior		Relationship to Junior		Relationship to Junior		
SECTION 3: FEES AND METHODS OF PAYMENT								
Junior Under age 18 at 1 Jan 2015 (Unless already paid in Family Membership)	£25			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	£20 £20				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.		
Boat Class		Boat Name		Boat No.		Sail No.		
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:	52 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 the Beginners/Improvers Training Course (delete the reference to a course 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.

<b>Date</b>		<b>Signed by Parent / Guardian</b>	
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