Chelmarsh Sailing Club

Course Application Please circle title of course applying for

Early sailing **Late sailing** **PB2** **Powerboat Safety**

Name

Home Tel Mobile

Address

Post Code | email address

Please note if you are under the age of 18 at the commencement of the course a parental consent form will have to be completed.

Medical conditions and any medication used

Any allergies (including plasters & penicillin)

Declaration of fitness.
Are you reasonably fit and able to take part in light activities? e.g. assisting in pulling a dinghy, moving across a dinghy in an efficient manner. I can swim and I am reasonably water confident.

Yes No

Please circle

Signed Date

Cheque enclosed (send form and cheque to Sailing Club)

Name/address/phone number and relationship of emergency contact