

Donaghadee Sailing Club Course Application Form



Course Type _____

Course Date _____

Applicant's Name: - _____

Address: _____

_____ Postcode _____

Date of birth: _____. Is applicant confident in the water - **Yes / No**

Present qualifications: _____

Medical Information.

Any medical condition or disability. **Yes / No**

If 'yes', give details: _____

In the case of juniors who need to take medication during the course, give the medication, clearly labelled with the junior's name and dose rate, to the course leader.

In so doing, you agree to the course leader administering the medication.

In the event that medical attention is required, I give my permission: - **Yes / NO**

Parent / Guardian / next of Kin: _____

Contact Tel. No _____

I understand

- The terms and conditions
- Cancellation charges apply
- Watersports are hazardous by their nature
- The club will not accept any liability for any damage to or loss of property
- It is a requirement to comply with all safety regulations
- Photographs may be taken during the course

I enclose a cheque made payable to Donaghadee Sailing Club for £ _____

Signature of participant.

(Or parent / guardian if under 16) _____

Please return this completed form along with the appropriate course fee to:-

Training - Donaghadee Sailing Club, 20 Shore Street, Donaghadee. BT21 ODG

Visit our website at www.donaghadeesc.co.uk