



Application and Medical Declaration Form

Christchurch Sailing Club Training Course



Personal and Course Details

Name:	Date of birth (needed for RYA certification):
Address:	Course title:
Post code:	Course dates:
Home telephone: Mobile:	How did you find out about the course?
Email:	Confirm Email:

Emergency Contact Details

Name:	Contact telephone(day):
Relationship to you:	Contact telephone (eve):

Medical Declaration

Details of any medical conditions (If none please write none):	
Details of any medication carried:	
I declare to the best of my knowledge, I am not suffering from any medical conditions that may effect my participation in this activity.	
Sign:	Date:

Course Fee £.....	Paid by BACS / Debit Card / Cheque	Date:
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