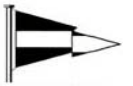


# Herne Bay Sailing Club - Training Course Booking Form



Course Title:	Course Dates:
Booking Fee Enclosed: <span style="float: right; font-size: small;">(Cheques payable to 'Herne Bay Sailing Club Ltd.')</span>	

<b>Participant's Details:</b>	
Name:	DOB:
Address:	
Email (optional):	Phone no.:

<b>Medical Information</b>
Please provide details of medical conditions, allergies or other requirements that we should be aware of:
*** Please update the course leader, at the start of the course, if any changes to your medical declaration are required. ***

<b>Swimming ability:</b>	<input type="checkbox"/> Unable to swim	<input type="checkbox"/> Weak swimmer	<input type="checkbox"/> Strong swimmer
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<b>Medical/Urgent Treatment:</b>
Please provide details of the person the club should contact in the event that medical/ urgent treatment is required:
Name:
Relationship to participant:
Contact number during the course:

Photographs and video may be taken during the course, and may be placed on the HBSC website or used for promotional purposes. Please tick the box if you <b>DO NOT</b> give permission for this <input type="checkbox"/>
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**Watersports, like most things in life, are not completely risk free. Whilst the safety of all participants is our first priority and we minimise the risks associated with the activity, it should be understood and accepted that some things are beyond our control.**

I, the signatory below, confirm that the participant is physically fit to take part in the activity, confident in water, and willing to comply with all safety regulations.

**MEDICAL CONSENT:** I, the signatory below, agree to the Officer of the Day or other authorised Officer giving consent on my behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given to the participant on the advice of qualified medical practitioner. **Medical consent can only be given by the participant (over 18 years) or their parent/guardian (under 18)**

Signature:	Signatory details (if participant is under 18):
	Name:
	Relationship to participant:

Please send completed form with payment to:  
Training Team, Herne Bay Sailing Club, Beacon Hill, Herne Bay, Kent. CT6 6BA