

SEA JAY'S SOLENT SAILING SCHOOL

BOOKING FORM

COURSE :

DATES :

NAME :

ADDRESS :

POSTCODE :

SHORE CONTACT IN CASE OF EMERGENCY

NAME:

CONTACT TEL:

HEALTH DECLARATION

DETAILS OF ANY MEDICAL TREATMENT BEING RECEIVED
(IF NONE WRITE NONE)

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I HEREBY DECLARE THAT TO THE BEST OF MY KNOWLEDGE, I AM NOT SUFFERING FROM EPILEPSY, DISABILITY, GIDDY SPELLS, ASTHMA, DIABETES, ANGINA, OR OTHER HEART CONDITION, AND AM FIT TO PARTICIPATE IN THE COURSE

DIETARY REQUIREMENTS

1 Do/DO NOT HAVE ANY SPECIFIC DIETARY REQUIREMENTS (PLEASE ADVISE IF ANY)

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BOOKING FORM CONTINUED..

PREVIOUS SAILING EXPERIENCE

PLEASE LIST ALL YOUR SAILING EXPERIENCE TO DATE

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ABILITY TO SWIM (DELETE AS REQUIRED)

I CONFIRM THAT I AM ABLE/UNABLE TO SWIM AT LEAST 100 MTRS

DECLARATION

I HEREBY CONFIRM THAT I HAVE COMPLETED THE HEALTH DECLARATION AND READ AND SIGNED A COPY OF THE TERMS AND CONDITIONS ATTACHED TO THIS BOOKING FORM.

SIGNATURE:

DATE:

SEA JAY’S SOLENT SAILING SCHOOL
POSTAL ADDRESS
Ladywell, Norleywood Road, Norleywood, Lymington, SO41 5RU