



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)*

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

I DO/DO NOT have any specific dietary requirements *(Please advise if any)*

PREVIOUS SAILING EXPERIENCE

Please list all your sailing experience to date

PLEASE RETURN THIS FORM TO SEA JAY'S SOLENT SAILING SCHOOL
POSTAL ADDRESS:
Sea Jay's Solent Sailing School, Anchor House, The Shipyard, Lymington SO41 3YL

ABILITY TO SWIM

(Delete as required)

I confirm that I am ABLE/UNABLE to swim at least 100 metres.

DECLARATION

I hereby confirm that I have completed the health declaration and read and signed a copy of terms and conditions attached to this booking form.

SIGNATURE:

DATE:

Don't forget to visit our new [sailing shop](#) for clothing and sailing kit.

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