



**BOOKING FORM**

Course:

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Dates:

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Name:

D.O.B

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Address:

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Postcode:

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**SHORE CONTACT IN CASE OF EMERGENCY**

Name:

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Contact Tel:

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**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.**

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**DIETARY REQUIREMENTS**

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

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**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 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:**

**PRINT:**

**DATE:**

**PLEASE RETURN THIS FORM TO SEA JAY'S SOLENT  
SAILING SCHOOL**