



West Kirby Sailing Club Training Course Application Form

Tel : 0151 625 5579 E-mail training@wksc.org.uk



Course Applied for

Date of Course

Course Code – If Applicable

Name

Date of Birth & Age (Juniors)

Home Address
Postcode

Home Telephone

Work Telephone

Mobile

Email

Emergency Contact Name & Phone Number(s) During the Course
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Member WKSC YES / NO

If NO state Club

I include payment of £	with this application form(Cheques made payable to "WKSC")
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I understand that:

- This form needs returning, **with the fees before the closing date for application.** If no closing date is stated it shall be 2 weeks prior to the start of your course.
- Cheques should be made payable to "WKSC" and put in an envelope marked "training" via the main club post box
- Receipts will be supplied on request to the club office. Course places are not guaranteed.
- You need to have adequate personal accident cover to undertake this course.
- Every attempt will be made to ensure your course actually runs. However West Kirby Sailing Club reserves the right to cancel a course at any time where it believes on reasonable grounds that cancellation is necessary due to unsuitable conditions or insufficient numbers.
- All cancellations must be in writing. If you cancel one week or less before the start date of the course 100 per cent of the course fee will be retained.
- Information on this form will be stored on a computer system in accordance with the Data Protection Act(DPA) 1998
- Non Members – You will be a temporary member of West Kirby Sailing Club in accordance with club rule 9. You agree to follow the house regulations as displayed on the official notice board in the rear entrance of West Kirby Sailing Club.

Experience (Including all RYA or other relevant qualifications)

It is your responsibility to make known any potential medical conditions that may affect you during the activities associated with the programme you will be taking part in. Please therefore provide as many details as possible. This information will be shared with the organisers and coaches at events and training.

Have you ever suffered from any of the following conditions?

- | | | |
|-----------------------------------|-----|----|
| • Asthma/bronchitis | Yes | No |
| • Heart conditions | Yes | No |
| • Fits, fainting or blackouts | Yes | No |
| • Severe headaches | Yes | No |
| • Diabetes | Yes | No |
| • Travel sickness | Yes | No |
| • Allergies to medication | Yes | No |
| • Any other allergies | Yes | No |
| • Other illnesses or disabilities | Yes | No |

If you have answered Yes to any of the above please supply details below.

To be completed if the course includes catering.

Are you vegetarian? Yes No

Do you have any food allergies? If so, please specify:

It is the responsibility of the individual to inform the activity leader of any relevant medical condition or previous injuries that the sailing club should be aware of any, which may affect safe participation in the activity.

It is your responsibility to ensure you fully understand the exact nature of each activity you undertake, the risks involved and the equipment needed for safe participation. Please be aware that the nature of water sports does involve some risk to participants. You are assured that all reasonable precautions are taken by our coaching staff at the sailing club to minimise the risk, therefore it is essential that all instructions given by our staff be adhered to as requested.

I (*Print Name*) consent / do not consent (*delete as appropriate*) to West Kirby Sailing Club photographing or videoing me while taking part in the activity. (Under 18's will also need parental permission)

Signed

Date

Parental Consent for Juniors (Under 18)

I give consent for to take part in the course specified above and I am aware of the risks involved. I consent to West Kirby Sailing Club photographing or videoing the above child while taking part in the activity in accordance with the WKSC Child Protection Policy.

Signed

Print Name

Date

(Parent /Guardian)

IF INSUFFICIENT SPACE PLEASE CONTINUE ON A SEPARATE SHEET

WKSC Office Use Only

Fee Paid : £ _____

Payment Method Cash / Cheque / Credit Card / Debit Card

Member WKSC

YES / NO

Receipt Requested

YES / NO

Date Sent.....

Accepted on Course

YES / NO

If no, reason.....

Confirmation Letter Sent

YES / NO

Date Sent