

SDSC YOUTH TRAINING COURSE APPLICATION FORM

Course Required:.....

Name: (*Block capitals*)..... Tel. No.:.....

Address: (*Block capitals*).....

Membership status: Member / Temporary Member (*Delete as appropriate. Note that Temporary Members are normally only eligible to take Youth Stage 1 or Adult Level 1 Courses.*)

Age:..... (*Note that the RYA Youth Scheme is for under 16s*)

Please circle as appropriate: We heard about the training course from: Club Programme / Open Day / RYA / Club Website / Friends / Other

Fees: Full Members: Youth Stages 1 or 2, Levels 1, 2 or 3, Seamanship Skills, Powerboat Level 2, Safetyboat - £60 Sailing with Spinnakers, Performance Sailing - £50
Start Racing, Powerboat Level 1, First Aid - £30

Temporary Members: Level 1, Youth Stage 1 - £90

N.B. All fees above are per course.

Cheques should be made payable to **“Scaling Dam Sailing Club (Training)”**

..... is participating in the SDSC Course entirely at his/her own risk and his/her parents / legal guardians will not hold the Club or persons instructing or acting on behalf of the Club liable for any accident or injury that may happen to him/her whilst on Club premises or afloat at SDSC or at the course venue (if different from SDSC).

He/she is fully fit and healthy and can swim at least 20m in normal clothing. (*Delete this last sentence and give details below if needed.*)

I give permission to the Instructors or others acting on behalf of SDSC during the period of the Course to administer any relevant treatment or medication to the named participant, when/if necessary. I shall inform the Course organizer of any known conditions and medication requirements before the Course commences.

In addition, if the need arises, I authorise the Instructors or others acting on behalf of SDSC to take to hospital and give full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.

Name..... (please print)

Relationship to participant

I am his/her legal guardian.

Signed:..... Date:

I have read and understand the above declaration.

Signed (participant):..... Date:.....

Any special circumstances:

Contact name and tel. no. in event of emergency:.....

Please return to: Val Broadbent, 18 Hutton Village, Guisborough, TS14 8EP.
Tel. No. 01287 638790