

## HAWLEY LAKE SAIL TRAINING CENTRE

### COURSE PARTICIPANT PERSONAL & CONTACT DETAILS

Course Title: ..... Course Dates: .....

Full Name: ..... Title: .....

Address: .....

.....

.....

..... Post Code: .....

Home Phone: ..... (mobile).....

E-Mail Address: .....

**Emergency Contact Name:** .....

Phone No:(work/home).....(mobile).....

**MEDICAL DECLARATION:**

| Do you suffer from any of the following?                                | Yes                      | No                       | Please confirm the following:  | Tick                     |
|---|--------------------------|--------------------------|--|--------------------------|
| Any form of Heart problem?  | <input type="checkbox"/> | <input type="checkbox"/> | I am fit and able to take part in this activity.                                   | <input type="checkbox"/> |
| Epilepsy, Fainting or Blackouts?  | <input type="checkbox"/> | <input type="checkbox"/> | I can swim and I am confident in the water.  | <input type="checkbox"/> |
| Diabetes?   | <input type="checkbox"/> | <input type="checkbox"/> | I consent to appropriate First Aid being given if needed.                          | <input type="checkbox"/> |
| Back or other skeletal/muscle problem?                                  | <input type="checkbox"/> | <input type="checkbox"/> | I agree to the terms and conditions of HLSTC                                       | <input type="checkbox"/> |
| Asthma or Allergy?  | <input type="checkbox"/> | <input type="checkbox"/> | I agree to follow any current government and HLSTC guidance and advice on COVID-19 | <input type="checkbox"/> |
| Sight or Hearing impairment?  | <input type="checkbox"/> | <input type="checkbox"/> | Signed   |                          |
| Any other medical condition?  | <input type="checkbox"/> | <input type="checkbox"/> | Print Name   |                          |
| If you have answered 'Yes' to any of the above, please provide details: |                          |                          | Date   |                          |
|   |                          |                          | Notes:   |                          |