

HAWLEY LAKE SAIL TRAINING CENTRE

COURSE PARTICIPANT PERSONAL & CONTACT DETAILS (under 18)

Course Title: Course Dates:

Full Name: Male / Female (please delete)

Address:

 Post Code:

Home Phone:

E-Mail Address:

Date of Birth : School Attended:

Parent/Carer Full Name: Title:.....

Contact Phone No:(work).....(mobile).....

Alternative Contact (in event of emergency)

Alternative Phone Number:

MEDICAL & PARENTAL DECLARATION:

Does your child suffer from any of the following?	Yes	No	Please confirm the following:	Tick
Any form of Heart problem?			I consent to the above named taking part in this activity.	
Epilepsy, Fainting or Blackouts?			I confirm they can swim and are confident in the water	
Diabetes?			I consent to appropriate First Aid being given if needed.	
Back or other skeletal/muscle problem?			I agree to the terms and conditions of HLSTC	
Asthma or Allergy?			I agree to follow any current government and HLSTC guidance and advice on COVID-19	
Sight or Hearing impairment?			Signed	
Any other medical condition?			Print Name	
If you have answered 'Yes' to any of the above, please provide details:			Date	