

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?				
Sight or Hearing impairment?			Signed	
Any other medical condition?				
If you have answered 'Yes' to any of the above, please provide details:			Print Name	
			Date	
			For Office Use only:	
			Checked?	Date?