

# Royal Victoria Yacht Club Adult Sailing Registration 2016



**Participants must be club members and be over 18**

Name			
Address			
		Postcode	
Home Tel No		Mobile	
Email			
Emergency Contact No			
Club Member		Intending to join RVYC	

<b>Details</b> First meeting Wednesday April 6 <sup>th</sup> 1830 last meeting July 13 <sup>th</sup> For all dates and times see the club website	Cost of Course - £40
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## SAILING EXPERIENCE & WATER CONFIDENCE

<b>Please list your previous sailing experience – Hopes and Fears</b>	<b>Swimming ability / confidence</b>

## BOAT DETAILS

Please tick preference				I will be using my own boat	Please give details
	Tick		Tick		
Laser		Scow		Boat Type	
Pico		Kayak			
Feva		Squib			
Bahia		Cruiser			
Wayfarer		Motor Boat			

Boating with any of the above vessels is not without hazards. Certain risks are inherent with this activity including but not limited to motion sickness, discomfort or injuries arising from slips, falls, collisions, sea state, wind, moving ropes, spars and rigging. By participating in this activity participants acknowledge and assume responsibility for such risks. I understand it remains my responsibility to decide whether to partake in any boating. I agree to follow the instructions given by members of the adult sailing team.

Signed		Print name	
		Date	

# Royal Victoria Yacht Club

## Adult Sailing Confidential Medical Disclosure Form 2016



Name			
Date of Birth		Age	
Next of Kin		Relationship	

### Emergency contact numbers

Home		Work		Mobile	
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Have you ever suffered from any of the following conditions (Tick relevant box)	Yes	No
Asthma / Bronchitis		
Heart conditions		
Fits, fainting or blackouts		
Severe headaches		
Diabetes		
Travel sickness		
Allergies to medication		
Any other allergies		
Other illnesses or disabilities		

If you have answered Yes to any of the above, please provide details in the box below.

Are you currently taking any medication? If so, please specify.

Instruction will be by experienced club sailors however I understand it remains my responsibility to decide whether to sail. I agree to follow the instructions given by members of the Adult Sailing team.

It is your responsibility to make known any potential medical conditions that may affect you during the activities associated with the training programme. Please provide as many details as possible.

The information will only be shared with the Adult Sailing Team

Signed		Print name	
		Date	