

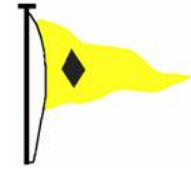
Arun Yacht Club

RYA Training Centre

Riverside West, Littlehampton, West Sussex BN17 5DL

Office: 01903 716016; email: arunyachtclub@btconnect.com

website: www.arunyc.co.uk



Training Course Application/Registration and Consent Form

A. Event Details

Event title	
Event dates/times	
Event type (please tick)	Adult <input type="checkbox"/> Cadet <input type="checkbox"/> Shorebased <input type="checkbox"/> Water/shorebased <input type="checkbox"/>
Venue	
Price (please tick) ⁽¹⁾	Adult member: £_____ <input type="checkbox"/> Cadet member: £_____ <input type="checkbox"/> Adult non-member: £_____ <input type="checkbox"/> Cadet non-member: £_____ <input type="checkbox"/> Options:

B. Applicant Details

Name	Title: _____ Family name: _____	
	First name: _____	
Full address	_____	
	Postcode: _____	
Telephone numbers	Daytime: _____	Mobile: _____
	Evening: _____	
Email address	_____	
Club member	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of birth ⁽²⁾	_____	
Emergency contact	Name: _____	
	Relationship to applicant: _____	
	Telephone no.: _____	
Previous experience	_____	

Use of own boat ? ⁽³⁾	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', boat class: _____	
Hire of Club dinghy ? ⁽⁴⁾	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', preferred class: _____	

- Prices include temporary club membership to satisfy insurance purposes; an application for full Club membership may be submitted at time of booking; please ask for details
- Cadet courses are open to individuals aged 8-17 years at start of course; adult courses are open to individuals aged 18 or more years at start of course.
- Use of applicant's own boat is subject to approval of the Instructor.
- Use of a Club dinghy is usually included within the course fee. If indicated otherwise, use of a club dinghy is subject to a hire fee; please ask for details at time of booking.

C. Medical Questionnaire and Declaration

The Applicant has or has had (please tick):			
Asthma/bronchitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diabetes Yes <input type="checkbox"/> No <input type="checkbox"/>
Heart condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any allergies Yes <input type="checkbox"/> No <input type="checkbox"/>
Fits/fainting or blackouts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other illness/disability Yes <input type="checkbox"/> No <input type="checkbox"/>
Severe headaches	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact within last 14 days with any contagious disease			Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' to any of the above, please provide further details:			
Doctor's name			
Doctor's address			
Doctor's telephone no.			
<p>Declaration: I understand that sailing may be a strenuous and dangerous sport. If I have any doubt as to my/the participants' physical or mental capacity I separately declare, on an attached sheet, the medical advice received on participating. I understand that any such declaration may not debar me/the participant from the course but will provide sufficient information for the instructor so that the safety of myself/the participant , other participants, instructors or others involved in the course will not be placed at risk.</p> <p>I also accept that if the Instructor reasonably believes that either my own/the participants' safety or that of the instructor's or other participants may be at risk due to my/the participants* presence on the course, the Instructor has my authority to bar me/the participants at any time from the course.</p> <p>Signed:</p> <p style="text-align: center;">(Applicant, or Parent/Guardian if Applicant Aged <18 Years at Start of Course)</p>			
If Parent/Guardian, please print your name:			
Parent/Guardian's address, if different from that of Applicant:			

D. Booking Conditions

1. To be accepted on a course, this form must be completed correctly and received by Arun Yacht Club with full payment
2. Cancellation by you: Fees are not refundable for any reason if cancelling within 2 weeks of the start of the course. Cancellation before this time will result in a 50% refund. Cancellation at 4 weeks or earlier will result in a full refund.
3. Cancellation by us: Although AYC will make every practical endeavour to run courses as advertised, the Club reserves the right to cancel any course at short notice due to insufficient applicants and/or reasons beyond our control. The applicant shall be entitled to a full refund; this will be the limit of the Club's liability in this respect.
4. Course documentation and confirmation will be sent via email wherever possible.
5. Disclaimer: Arun Yacht Club and its instructors, coaches, course organisers, volunteers and members do not accept responsibility for any loss, damage or injury suffered by persons and/or their property arising out of or during the course of their activities while training, coaching or instructing those persons unless such injury or damage was caused by, or resulted from, negligence or a deliberate act.

E. Declaration

1. I have read and accept the booking conditions and disclaimer.
2. I have disclosed the relevant information requested.
3. The Applicant is confident in and around water.
4. The Applicant hereby applies for temporary Club membership, which will apply for the duration of the course.
5. For Parent/Guardians if Applicant Under 18 Years Old at Start of Course: <ul style="list-style-type: none">• I understand that the Club provides control and supervision of children on all cadet courses. I will ensure that I or a designated responsible adult acting in loco parentis will be readily available in the event of an emergency.• I agree to Arun Yacht Club or its appointed person taking photographs or video footage of the Applicant and his/her boat, which may be used by the Club for promotional or advertising purposes• I give permission to the instructors or coaches participating in activities during the course to administer First Aid and any relevant treatment or medication to the Applicant when/if necessary. I have informed the Club of any known conditions and medication requirements. In addition, if the case arises, I authorize the instructors/coaches to contact and deliver the Applicant into the care of emergency services and to grant permission for any treatment required to be carried out in accordance with the emergency services' diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.
Signed: (Applicant, or Parent/Guardian if Applicant Aged <18 Years at Start of Course)
If Parent/Guardian, please print your name:
Parent/Guardian's address, if different from that of Applicant: