

SPRING JUNIOR TRAINING
COURSE
1st JUNE – 5th JUNE 2010



ROYAL HARWICH
YACHT CLUB
WOOLVERSTONE

ROYAL HARWICH YACHT CLUB with SUFFOLK WATER SPORTS ASSOCIATION

APPLICATION FORM

Please submit a separate form for each child attending the week, along with a completed parental help form and the fee of £145.00.

Places are allocated once payment has been received.

Name of childDate of Birth.....

Parents' first names & surname

Address

.....Postcode.....

E-mail

Telephone numbers
Day
Evening.....
Mobile.....

Please confirm the child is a member of RHYC YES / NO
(Please note the child must be a member in their own right / a family member)

HEALTH Please state in confidence any relevant illness, medical condition or other health related matter concerning your child.

.....
.....

Doctor' name, & telephone is.....

Address:-.....

SWIMMING/CONFIDENCE IN WATER

My child can swim 50m

YES / NO / WITH BUOYANCY AID ONLY

SAILING Previous sailing experience (if any). Please include details of any RYA qualifications held.

.....

..... continued
overleaf

PHOTOGRAPHY

There may be opportunities for photography during the activities of the course either informally or by an official photographer. If you do NOT wish your child to be photographed please tick the box.

CANCELLATION

Names cannot be changed or refunds given within five weeks of the start of the course. If the Club has to cancel a course for whatever reason, any student booked on that course will be entitled to either a full refund or a place on an alternative course.

I confirm that I my child is a member of the above named sailing/yacht club and that my child named above participates in the course with my knowledge and permission.

I have received and read details of the programme of water sports activities in which my child has the opportunity to participate and I accept the requirements in the Information for Parents.

My child is in good health and I consent to him/her taking part in these activities. I acknowledge that the staff will be liable in the event of any accident only if they have failed to take reasonable care of my child during the activity. I fully understand that, although every effort will be made to ensure the safety of each child, accidents do sometimes happen which are beyond the reasonable control of the organisers and for which they cannot be held responsible.

I consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.

I am aware of the issues concerning Weil's Disease (see information sheet).

Cheque made payable to RHYC for £..... included.

Signed (Parent or Guardian) Date