

CUSHENDALL SAILING AND BOATING CLUB
SAILING COURSE APPLICATION FORM

Personal Details

Name	E-mail
Address	Home Telephone
	Mobile tel.
Town	Work telephone
Post Code	Date of Birth if under 21

Next-of-Kin Emergency Contact Details if under 18 years

Name	Emergency contact Tel no 1
Address	Emergency contact Tel no 2
Town Post code	Relationship to Applicant

Swimmer/Non swimmer - (delete as appropriate).

If swimmer please detail distance without buoyancy _____

Previous Experience of sailing

Please detail experience, if any, of sailing e.g. dinghy sailing, previous courses undertaken, levels achieved, etc.

Health and Fitness.

Please give details if you suffer from any of the following; Epilepsy/Asthma/Diabetes/Heart Disease/Deafness – or any other illness/disability:
Details of current medication:
I give permission for first aid to be administered and/or medical help sought in emergencies yes/no

Course(s) requested _____ Date(s) requested _____

The information I have provided is full and accurate. (If under 18 years to be signed by parent /legal guardian).

Signature..... ***Date***.....

PLEASE NOTE: Children will not be permitted to leave the sailing school at any time during a course unless we receive your specific written instruction.

Return completed form to: John Lowry, 11 Dalriada Park, CUSHENDALL, Co Antrim, BT44 0QH

Or e-mail: info@csbc.co.uk

Cheques Payable To C.S.B.C