

North and East Scotland Sailing

Race Training Application



Dates:	Cost:
Venue:	
Name:	Date of Birth :
Address:	Emergency Contact (inc address if different):
Tel:	Emergency Contact Tel:
Email:	
Summary of Sailing Experience:	Type of Dinghy: Will you be providing your own dinghy?

We would like to take photos of participants sailing for the NESS website, NESS advertising material and our facebook page. We would not name sailors. Do you give permission for this? Yes No

Medical conditions

Do you have any of the following? Asthma, bronchitis, heart condition, epilepsy, fits, blackouts, diabetes, allergies, other illnesses, or are you carrying any injuries or had any recent surgery?

If so, please give details:

Are you currently taking any medication?

Declaration

I consider myself physically fit to take part and am confident in the water wearing a buoyancy aid. I have read and accept the booking conditions.

Signature:

Date:

Signature of Parent Guardian (for those under 16):

Please return this form with a cheque payment made payable to **North and East Scotland Sailing** to Angie Fraser, 2 Ardiffery Cottages, Hatton, Peterhead, Aberdeenshire, AB42 0SD. Bank transfer is also possible.