



HORIZONS SAILING CLUB



Evenings and Saturday Membership & Image Consent Forms

When Attending (Thursday Evenings) (Saturday Mornings) (Both)

Start date _____ School attending _____
and/or Youth / Organisation _____

Membership details

Name _____ Age, d-o-b _____

Address _____

Post Code: _____

Phone No: _____ Mobile No: _____

Applicants e-mail _____

Please give details of sailing experiences (if any); _____

Parent/Guardian/Emergency Contact information

Name: _____ Relationship: _____

Phone No: _____ Mobile No: _____

Parent/Guardian Email: _____

For a second contact please tick box and write details on the reverse of this form

Declaration of fitness to take part in sailing activities

Details of any disabilities or medical treatment being received (if none state none)

I declare that, to the best of my knowledge the above named is not suffering from epilepsy, giddy spells, diabetes, brittle bones, angina or any other heart condition and is fit to participate in the course and is confident in water

Please note: that sufferers of any of the above conditions will not necessarily be excluded from the course, but the organisers need to know

Signature: _____

Date: _____

Parent / Guardian or Applicant if over 16

On completion please either return this form to Horizons (or bring with you on your first session

Mr Jon Worster, 5 Richmond Walk, Devonport, Plymouth PL1 4LL.

Tel: 01752 605800, or email: horizons.plymouth@onetel.net

*** Please complete the Image Consent Form on reverse of this form**