

Non-Member / Training Consent Form

(please complete in block capitals)		
Course/activity title:		
First Name(s):	Surname:	
Address:		
Phone:	Mobile:	
Email:		
Name of Emergency Contact	Emergency Phor	ne Number:
Fee enclosed (if applicable):	£ (Cheques p	payable to "Penzance Sailing Club")
All applicants must complete the	following medical declaration.	Details will be held confidentially
Details of any medical treatment bei	ing received (if none, write none)	
other heart conditions and that I am I can swim and/or I am water-confic	·	
Data Protection The information which you provide in this forn solely for the purpose of your training(including)	m and any other information obtained or p	rovided during your training will be used
Club.		
The above email address will be added to our		
The Club may arrange for photographs or vide channels to promote the Club. By agreeing to ownership of these images to the Club.		
If you consent to your image being used by the	he Club in this way, please tick here.	
PARENTAL/GUARDIAN CONSENT (if For those under 18 years of age a paren		
I give my permission for Relationship to applicant:	to take part in this	course/activity.
I agree that he/she may be taken for me I understand that water-based sports ca I agree that he/she may be videoed duri	nrry risks.	
If you consent to the use of your child's	image being used for the purposes ab	oove please tick here
s		







