



## 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 Phone Numbers: .....

Fee enclosed (if applicable): £..... (Cheques payable to "Penzance Sailing Club")

All applicants must complete the following medical declaration  
Details will be held confidentially

Details of any medical treatment being received (if none, write none) .....

.....

I suffer from the following allergies (eg penicillin, insect stings) .....

.....

To the best of my knowledge I am not suffering from epilepsy, giddy spells, asthma, diabetes, angina or other heart conditions and that I am fit to participate in the course.  
I can swim and/or I am water-confident.

Signed: ..... Date: ..... / ..... / .....

(A parent/carer must sign on behalf of anyone under 18 years of age)

For applicants under 18 years of age a parent/carer must complete the following:

I give my permission for.....to take part in this course/activity.

Relationship to applicant: .....

I agree that he/she may be taken for medical treatment in my absence.

I understand that water-based sports carry risks.

I agree that he/she may be videoed during training for training purposes only.

Signed: ..... Date: ..... / ..... / .....

(Edition: January 2017)

