

BOSHAM SAILING CLUB TRAINING COURSE APPLICATION

Course.		Dates.	
Surname.		Age.	
First Name.			
		Email	
Please state if you are sailing a double handed boat (Mirror/420) who the helm / crew will be.		Cost per Day	No of Days
Address.			

Emergency contact details during the course.

Name.	
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What sailing experience / qualifications do you already have:-
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Any relevant information (e.g. Asthmatic/ diabetic etc):-

I declare that:

- (a) I am able to swim in light clothing;
- (b) I am physically fit to take part in the activity; and
- (c) I will comply with all safety regulations and other instructions issued by or on behalf of Bosham Sailing Club Limited
- (d) I consent to allow my son / daughter to travel to and participate in off-site activities should we experience adverse weather.

Own Boats Used For Training:

- (e) If a boat is not considered in suitable condition nor suitably equipped for training, we reserve the right to refuse it going on the water necessitating immediate collection by parent, with no recourse to refund.
- (f) In checking the equipment on the boats, only very minor repairs or additions may be undertaken by the Instructors on behalf of the Club.
- (g) Parents must sign the disclaimer that their charge's boat has adequate buoyancy.
- (h) Boats used for tuition must be insured to at least £2m 3rd party liability and this must include for use on training courses.
- (i) All precautions will be taken to ensure the safety of all participants and boats, but due to the nature of learning, boats may have minor collisions. The instructors are not responsible for any damage to the boats taking part.

<p>I have read and accept the Disclaimer overleaf. I enclose full payment with booking form which is non-refundable. Bookings will not be accepted without payment. I confirm that I have read and understood the above. THE FOLLOWING TO BE SIGNED BY THE PERSON ENTERED ON THIS FORM IF AGED 18 YEARS OR OVER</p> <p>Signed.....</p> <p>Date.....</p>	<p>THE FOLLOWING IS TO BE SIGNED BY THE PARENT OR GUARDIAN OF ANY PERSON ENTERED ON THIS FORM WHO IS UNDER 18 YEARS OF AGE. Under law the Participant (as defined overleaf) (please complete full name) is my dependent. I acknowledge that I have read and understood the foregoing and the terms and conditions set out overleaf. In particular, I accept and understand that by signing below and permitting my dependent to participate in the Event (as defined overleaf) I am excluding my right and that of my dependent to claim compensation in certain circumstances. I accept and agree to the foregoing for myself and my dependant. I further confirm that my dependent is competent to take part in the Event and that I am responsible for my dependant throughout the Event. During the time my dependent is afloat I will be in or around Bosham Sailing Club or I will inform the race officer or other person in charge of the Event who is acting in loco parentis during my absence.</p> <p>Signed..... Date:.....</p>
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