

**REGISTRATION FORM**



Please complete this form prior to course or club date and return it to [aylesburysailingclubcourses@gmail.com](mailto:aylesburysailingclubcourses@gmail.com) 2 weeks before course commencement

Course/ Club Name:	Course/ Club Date:		
Name:	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of Birth:
Address	Tel No. Day		
	Tel No. Eve		
	Tel No. Mobile		
	Email		
Emergency Contact	Contact Tel. No:		
Emergency Contact Address if different from above	Contact's relationship to participant		
Swimming Ability: Confident Swimmer <input type="checkbox"/> Confident in Water <input type="checkbox"/> Non Swimmer <input type="checkbox"/>			

<b>Medical Details:</b> For safety reasons all participants must provide information of any disability or medical condition prior to joining. Any changes must be notified in writing.			
Do you have / would you consider yourself to have any disabilities / learning difficulties? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please give details:			
Do you suffer from any medical disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please give details:			
Will you be bringing your own medication? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please give details:			
If you are of school age: Please indicate the name of the school you attend, which county/LEA the school is located in and the academic year you are currently in.		School: County/LEA: Year:	
Which ethnic group do you consider you belong to? Please tick as appropriate.			
White <input type="checkbox"/>	Mixed <input type="checkbox"/>	Asian <input type="checkbox"/>	Black <input type="checkbox"/> Other <input type="checkbox"/>
I hereby give my consent for my son/daughter to participate in any activity taking place as part of this activity club and to receive medical treatment as necessary.			<input type="checkbox"/>
If you wish to restrict the general use of any video/photographs taken of club events, please tick here.			<input type="checkbox"/>
For young people: signature of parent/guardian. <b>SIGNATURE:</b>		<b>NAME:</b>	<b>DATE:</b>

Information supplied will be held on a database and only used by Aylesbury Sailing Club