DARTMOUTH YACHT CLUB POWERBOAT TRAINING

(Run as part of Dartmouth Yacht Club)

Booking Form f	for PB2- Please complete one form per individual.
Name:	
Are you a mem	ber? YES/NO
Address:	
Post Code:	
Contact Phone No(s):	
Next of Kin:	and contact
Preferred cours Please provide as	Phone No: se dates: s many dates as possible and or preference for weekend or weekday courses.
Additional Need	ls:
Other Informat	ion/Previous Experience:
Payment may be sort code 52-30-2 made payable to Confirmation : Y within a week. In	0.00 for the 2 days which includes all publications and certificates. paid by internet banking / electronic bank transfer to DYC NatWest account 20 ac no 06191576 and referencing your surname and PB2, or by cheque Dartmouth Yacht Club. You will normally be sent confirmation of the course and joining details in the event that there is a high demand for courses, you will be added to a advised accordingly.
I enclose the Payment: (Ple	·

Payment of ______ is enclosed.

Signed:

Date:

Please return to the Coordinator Gary Chadwick. Email: garychadwick@btinternet.com

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CONFIDENTIAL WHEN COMPLETE

Statement of fitness to participate

Some of the activities that you will take part in may be physically demanding. For this reason it is essential that you provide an accurate profile of your physical capabilities. This information will be treated confidential.

We would ask you to answer the following questions as fully and frankly as possible and return this with the booking form. Answering yes to any of the questions below will not normally prohibit you from undertaking a course. It is to make the instructor aware.

Full Name (please print)		Date of Birth
Please indicate if you have had any of the following	Yes/No	If 'Yes' please give details
Any medical condition in the last 5 years that compromises your mobility or ability to lift or carry		
Asthma or respiratory ailment that makes you short of breath during physical activity		
Blood borne disease that others should be aware of		
Diabetic emergency, fainting or blacking out		
Blood pressure dysfunction		
Sea sickness		
Any other factors that may affect your ability to fully participate, or of which we should be aware		

I am able to swim 50metres YES / NO

Member's Declaration:

I declare that to the best of my knowledge I am fit and able enough to participate in the activities provided D artmouth Yacht ClBb verboat training. The statement bove are true and accurate and complete.

Signed

Date:

Dartmouth Yacht Club will not be liable for any injury or loss suffered in the event of failure to disclose all the relevant information requested above.