

DISCOVER SAILING at WIGAN AND ST HELENS SAILING CLUB (the Organiser), Scotmans Flash, Rushdene, Wigan WN3 5HJ - 28 Aug 21 11am - 4 pm

Please read the "Event information" and then complete this form for yourself and for any others in your group:

MAIN EVENT PARTICIPANT CONTACT DETAILS

Name	
Address	
Contact no.	
Your Email Address	
Do you have any previous boating experience or qualifications? If yes, please give brief details.	Yes / No
Can you swim 25 meters? (Note that you will be wearing a personal flotation aid; this is about your confidence in deep water).	Yes / No
Do you have any medical conditions or physical or mental impairments that the Organiser needs to be aware of that may affect your ability to take part in the Event?	Yes / No (If you answer Yes you must complete the additional Medical Information and Impairments form).
Telephone number of an emergency contact if you will participate alone.	

ABOUT OTHERS in your group (from the same address) Do they have previous boating experience or qualifications?

Name (and age if under 18)	
Name (and age if under 18)	
Name (and age if under 18)	
Name (and age if under 18)	

Please ensure that each group member provides details of any medical conditions or physical or mental impairments **that may affect your or their ability to take part in the Event** on a separate Confidential Medical Information and Impairments form.

- ☐ If you would like to be put on an e-mailing list about future beginners' courses please tick here.
- ☐ If you consent to your contact details being passed to Scotmans Flash Activity Centre please tick here.
- ☐ If you consent to the use of images of you and your group being used for Club publicity, please tick here. Please specify name(s) here if you wish to withhold consent for yourself or any group members:
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I confirm that I have read the Event Information and agree to comply with the Participation Terms in it.

Signed _____ (Adult Participant) Date _____

Signed _____ (Adult Participant) Date _____

Signed _____ (Adult Participant) Date _____

PARENTAL/GUARDIAN AGREEMENT (for all children under 18)

I will be responsible for my child(ren) throughout the event. I will be available at the event venue. I agree that the children under 18 named above can take part in the Event. I confirm that I have read through the Event information with them and that we understand and agree with them. I also confirm that they take part in the Event with my full agreement that that the particulars given above are correct and complete in all respects.

Signed _____ Parent/Guardian Date _____.