



## 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: February 2010)

