

HAWLEY LAKE SAIL TRAINING CENTRE
OVER-18 COURSE PARTICIPANT CONSENT FORM

Course Title: Course Dates:

Full Name: Title:

Address:

.....

..... Post Code:

Home Phone: Mobile:

E-Mail Address:

Date of Birth: Age:

Emergency Contact Name:

Phone No:..... (mobile).....

Relationship to Participant:

MEDICAL DECLARATION:

Do you suffer from any of the following?	Yes	No	Please confirm the following:	Tick
Any form of heart problem?			Participant has a reasonable level of general fitness relative to the demands of the course or event	
Epilepsy, fainting or blackouts?			Participant is confident in the water (does not need to be a confident swimmer)	
Diabetes?			Participant consents to appropriate First Aid being given if needed	
Back or other skeletal/muscle problem?			I / the participant agrees to the terms and conditions of HLSTC	
Asthma or allergy?			Signed:	
Sight or hearing impairment?			Print Name:	
Any other medical condition?			Date:	
If you have answered 'Yes' to any of the above, please provide details:			Notes:	