



HAWLEY LAKE SAIL TRAINING CENTRE (HLSTC)

UNDER 18 COURSE PARTICIPANT PERSONAL & CONTACT DETAIL

THIS FORM MUST BE COMPLETED BY A PARENT/GUARDIAN OVER 18

Course Title: Course Dates:

Full Name:

Address:

.....

..... Post Code:

Home Phone: E-Mail Address:.....

Date of Birth: Age:

Parent/Carer Full Name: Relationship:.....

Contact Phone No:(work).....(mobile).....

Alternative Contact (in event of emergency)

Alternative Phone Number:

MEDICAL & WATER CONFIDENCE DECLARATION:

Does your child suffer from any of the following?	Yes	No	Please confirm the following:	Tick
Any form of Heart problem?			I consent to the above named taking part in this activity.	
Epilepsy, Fainting or Blackouts?			I confirm they are confident in the water	
Diabetes?			I consent to appropriate First Aid being given if needed.	
Back or other skeletal/muscle problem?			I agree to the terms and conditions of HLSTC	
Asthma or Allergy?			Signed: Print Name: Date:	
Sight or Hearing impairment?				
ADD/ADHD/Dyslexia/Dyspraxia?				
Any other medical condition?				

If you have answered 'Yes' to any of the above, or your child has any other conditions or issues of which we may need to be aware, please provide details: