



BOUGH BEECH SAILING CLUB - ADULT TRAINING

BULS 2017 - Bough Beech Ultimate Leisure Sailors



SAILOR DETAILS AND MEDICAL INFORMATION (In confidence)		
Name		BBSC Membership No.
Date of birth		M / F
Medical condition(s) & specific treatment		
Allergies & treatment		
Please advise of any physical or mobility constraints		
Swimming ability	<i>I confirm I can swim 25m wearing a buoyancy aid:</i> YES / NO	
Sailing ability / experience		
Sailing aspirations		
Boats sailed / wanting to sail / or own		

Address including post code		
Home telephone:		Mobile:
Email		
Emergency contact details	Name	Mobile:

Signed:

Dated:

By signing I grant Bough Beech Sailing Club, without payment, the right in perpetuity to make, use and show any motion or still pictures, unless otherwise advised in writing prior to any event. It remains the responsibility of parents/guardians to inform Bough Beech Sailing Club of any changes to the information declared above. I hereby also confirm that I am aware that the club provides male and female changing facilities, but not separate children changing facilities.