



ADULT SAILING COURSE APPLICATION FORM (Please complete one form per student)

Course to be attended (tick) Level 1 Level 2 Level 3 Advanced sailing

Date of course _____

Student's details

Surname _____ Forename _____

Address _____

_____ Post code _____

Contact phone _____ email address _____

Doctor's details

Name _____

Address _____

Please advise any special medical needs (see note 1 below)

By signing below, I accept that:

1. I am confident in water and do not suffer from any illness or medical condition which could endanger myself or others on the course.
2. The club is not liable for any accident or consequential damages arising from the use of the premises and its facilities.
3. Instructors do not accept any responsibility for loss or damage or injury suffered by participants or their property arising from the course or their activities whilst training unless such injury, loss or damage is caused by or resulted from negligence.
4. Information submitted on this form will be used solely for the purposes of course administration and statistical analysis and will be protected in line with the General Data Protection Regulations (GDPR). This may involve submitting anonymised information to the sport's governing bodies, such as the RYA.
5. I agree to abide by club rules, available on the club website: www.paxtonlakes.org.uk/membership

If you require an RYA logbook please tick this box and add £6.99 to the total remittance below
(the logbook is recommended and allows students to keep a record of their progress).

I/we enclose remittance of £ _____

Cheques payable to "Paxton Lakes Sailing Club" please or BACS transfer to the following account:

Paxton Lakes Sailing Club, Sort code 30-94-47, account number 02120725

Please add student's surname as reference on BACS transfers

Signature _____ Date _____

Please return completed form and payment to:

Mr Pat Overs, 42 Little Paxton Lane, Little Paxton, Cambs, PE19 6EP, Tel 07812 124690, Email:
sailing.courses@paxtonlakes.org.uk