



# Fowey Gallants Sailing Club

Course Application / Consent Form	
Course Date/Day:	Stage:
Surname:	First Name:
Address:	Home Tel No: Mobile No:
Next of Kin & Relationship:	Next of Kin Contact No:
Date of Birth:	Age:
Sailing Ability:	Swimming Ability:
FGSC Membership Type: Junior/Family	Membership No:
Does the applicant have any medical conditions that the club should be made aware of? (For example, asthma, epilepsy, fits, heart condition, allergies, etc.,)	
Medical Condition: I declare that, to the best of my knowledge, I am unaware of any reason why I should not participate in the course. I confirm that minor medical medication may be administered if necessary. I have noted all medical circumstances above and will ensure that each instructor is made aware of medical requirements. I agree to abide by the terms and conditions of business as and when they are published. In addition, should the case arise, I authorise the members of staff to take my son/daughter to hospital and give full permission for any treatment required to be carried out in accordance with the hospitals diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.	
Photographs/Video/Publicity: I do/do not give permission for my child to be included in any publicity/training videos/photographs taken for the club and do/do not give permission for my child's name to used in any publicity, (i.e. Cornish Guardian, etc.),	
<b>IMPORTANT: Your course is not booked until this form is returned to FGSC together with payment.</b>	
Applicants Signature:	Date:
Parents/Guardians Signature: (if required)	Date:
<b>For further information please contact Kerry Paul (aka Spud) on: 01726 832881</b>	
Email address:	



Please return to:  
RYA Training Centre  
Fowey Gallants Sailing Club

