

Course: SEA SURVIVAL

Date of Course February 23rd 2019

Name:

Address:

Postcode:

Home telephone:

Mobile:

E mail:

Sailing qualifications and experience:

How did you hear about this course?

If you would like to receive information about future courses tick here

Details of any medical treatment being received, including medications: (if none write 'NONE'): _____

If you suffer from epilepsy, giddy spells, asthma, diabetes, heart condition, allergy, injury or anything else that you believe may affect you during your course, please provide details:

Can you swim 50m? Yes / No

If you may require special assistance or are unsure if the course is suitable for you please discuss it us before enrolling. If you have any concerns about your health or level of fitness for this strenuous course you should consult your doctor.

Signature:

Date:

I declare that to the best of my knowledge, I am fit to participate in the course and that I have read and understood the terms and conditions on the website in the download section. www.pinmillcruising.co.uk

Emergency contact details, available during the course, if required:

Name:

Home telephone:

Mobile:

Payment can be made online or by cheque

Please use your name as a reference if paying online.

Sort code: 20-44-51

Account: 10458570

**Cheques payable to
S. Hopkinson please**

Data Protection 2018: The above information will be used to process your booking and for your safety while on the course. The data will not be shared with any third party. On successful completion of your course your name and the date of issue of your certificate will be stored for up to 5 years. This information allows us to verify or replace your certificate if required. Our processing policy and other policy statements are on the website.