



**ROYAL SOUTHAMPTON YACHT CLUB
2011 RYA TRAINING PROGRAMME**



Booking Form

**Please complete all sections of this booking form.
One form must be completed per person.
RYA certificates cannot be issued without a fully completed form.**

Title		First Name		Surname	
Course Name				Course Date	
Gender	M / F	Email address			
Address					
Postcode					
RYA Membership Number		Date of Birth			
Day telephone number		Mobile telephone number			

Medical Information (Confidential)

Please give the following information so that in the unlikely event of an accident, appropriate treatment can be given.

Have you received treatment for any of the following conditions: asthma, bronchitis, heart condition, fits, black outs, fainting, severe headaches, diabetes, travel sickness, bleeding disorders?	YES	NO
Are you known to be allergic to any of the following: drugs, medicines, materials, foods, elastoplast, other allergies?	YES	NO
Do you have any physical disability such as deafness or impaired vision?	YES	NO
Are you receiving medical or surgical treatment from your family doctor or hospital, or have you been given specific medical advice to be followed in an emergency?	YES	NO
Have you been vaccinated against tetanus in the last 10 years?	YES	NO

If you have answered 'yes' to any of the above (other than tetanus vaccination), please provide details and instructions regarding any care, treatment and medication that you wish the RSYC to observe, below.

Please continue overleaf.....



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Next of Kin Details:

Name:			
Address			
Telephone:		Mobile:	
Relation to you: e.g. wife/husband/brother etc			

Declaration

I have informed the RSYC of any known conditions and medication requirements.
 I consider that I am fit and capable of taking part in activities organised by the RSYC.
 I give permission to the Officer-in-Charge or other first-aider to administer any relevant treatment or medication when/if necessary. In addition, if the case arises, I authorise the members of staff to take me to hospital and give full permission for any treatment required in accordance with the hospital's diagnosis.

Signed		Date	
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Payment

I would like to pay for the following students			
Name		Cost	
Name		Cost	
Name		Cost	
I enclose a cheque for the full amount due		Total	

OR	I wish to pay by Credit Card						
Card Number							
Expires		Security No (3 Digits)		Start Date		Issue No	

Please tick this box if you do not wish to receive information on future events	
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**Please return to: The Sailing Secretary.
 RSYC, 1 Channel Way, Ocean Village, Southampton. SO14 3QF
 E-mail: sailing@rsyc.org.uk Tel: 023 8021 0872 Fax: 023 8033 061**