



ROYAL SOUTHAMPTON YACHT CLUB 2009 RYA TRAINING PROGRAMME



Booking Form

Please note – a separate form should be completed for each student

Name:.....

(In full and in capitals)

Course title/date:.....

Address:.....

.....

Telephone Day:..... E-mail:.....

Medical Information and Declaration (Confidential)

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

If you answer 'yes' to any of the following, please provide details and instructions regarding any care, treatment and medication that you wish the RSYC to observe overleaf.

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 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 |

Next of Kin Details:

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

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:.....

Please tick this box if you do not wish to receive information on future events.....

I enclose a cheque for £..... being the full amount due OR

I wish to pay by Credit Card No:.....

Expires:..... Start Date (if applicable)..... Issue No:..... Security No. (3 digits):.....

Return to: The Sailing Sec., RSYC, 1 Channel Way, Ocean Village, Southampton. SO14 3QF
E-mail: sailing@rsyc.org.uk Tel: 023 8021 0872 Fax: 023 8033 061