



PAXTON LAKES SAILING CLUB



ADULT SAILING COURSE APPLICATION FORM

(Please complete one form per student)

Course to be attended (tick) Level 1 Level 2 Advance sailing

Date of course _____

Student's details

Surname _____ Forenames _____

Address _____

_____ Post code _____

Contact phone _____ email address _____

Doctor's details

Name _____

Address _____

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

Notes:

1. All participants should be confident in water and do not suffer from any illness or medical condition which could endanger themselves 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.

If you require an RYA logbook please tick this box and add £5 to the total remittance below
(the logbook is recommended and allows students to keep a record of their progress).

I/we enclose remittance of £ _____ and agree to abide by the club rules.

Cheques made payable to "Paxton Lakes Sailing Club" please.

Signature _____ Date _____

Please return form and payment to:

Mr Pat Overs, 42 Little Paxton Lane, Little Paxton, Cambs, PE19 6EP. Tel 07812 124690.