



Clyde Cruising Club Dinghy Section



Application to Attend a Training Course

RYA Course: YSS / NSS / Power boating / Assistant Instructor / Other (delete as appropriate)

Name of Applicant: _____ **Date of Birth:** _____

Address: _____

Tel: _____ **Mobile:** _____

Email Address: _____

Emergency Contact

Name: _____ **Relationship to applicant:** _____

Tel: _____ **Mobile:** _____

Email Address: _____

Declaration

I declare that – to the best of my knowledge – I do not suffer from any medical condition that renders me unfit to sail.

Please provide details of any relevant medical matters or any information that the coaches should be aware of. (e.g. Diabetes, asthma, allergies, medication, etc): _____

Swimming ability / Water confidence (tick as appropriate)

Non swimmer Weak swimmer Moderate Swimmer Strong swimmer

Previous sailing experience: _____

I understand that a responsible adult must be on shore when children under 13 or those with special needs are sailing.

I agree to my child / self being filmed or photographed with the possibility of these films / photographs being used for publication or publicity.

I acknowledge the requirement for obedience and responsible behaviour during this course.

I understand that certificates will only be awarded when instructors are satisfied that all elements can be demonstrated to the standard approved for each stage.

Signature: _____

(parent / guardian if under 18)

Date: _____