



HORIZONS Children's Sailing Charity

Course Booking Form 2018

These details will be entered into a database for our sole use and stored in accordance with the Data Protection Act 1998

Participants Details

Full name:						Gender:						
Course Attending:		1	2	3	4	5	Course Dates:					
Age:						Date of birth:						
School Attending:												
Home address:						Postcode:						
Landline:						Mobile:						
Email address:												
Can we add your mobile number to our text messaging information service?									Yes		No	
Sailing experience:												

Primary Emergency Contact Details (If there is an alternative emergency contact, please fill in the box overleaf)

Full name:						Relationship:					
Landline:						Mobile:					
Home Address:		Same <input type="checkbox"/>									
						Postcode:					

Secondary Emergency Contact Details (Someone we can contact if Primary contact is unavailable)

Full name:						Relationship:					
Landline:						Mobile:					
Home Address:		Same <input type="checkbox"/>									
						Postcode:					

Declaration of participants' fitness to take part in sailing activities

Details of any SEN, disabilities, medication or medical treatment being received (if none, write NONE)											
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I declare that, to the best of my knowledge that this person is not suffering from epilepsy, giddy spells, diabetes, brittle bones, angina, or any other heart condition and is fit to participate in sailing activities and is confident in water.

Please note that suffers of any of the above conditions will not necessarily be excluded from participating, but the organisers need to know, to ensure their safety.

I also confirm that the above named child has read and agrees to follow the Horizons (Plymouth) Code of Conduct.

Parent/Guardian Signature: (Or Applicant if over 16)						Date:					
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If you would like Horizons to claim Gift Aid on your donations please tick this box

You need to have paid income or capital gains tax equal to the tax that Horizons (Plymouth) is reclaiming.