



# HORIZONS Children's Sailing Charity

## Course Booking Form 2017

### Child's Details

Full name

### Course Attending:

1

2

3

4

5

Age  D.O.B  Male  Female

School

Home number  Mobile number

Home Address

Email address  Postcode

Can we add your mobile number to our text messaging information service? Yes  No

Please give details of sailing experience

### Emergency Contact Details

Full name  Relationship to child

Home number  Mobile number

Home Address (if different from above)

Email address  Postcode

### Second Emergency Contact Details

Full name  Relationship to child

Home number  Mobile number

Home Address (if different from above)

Email address  Postcode

### Declaration of Fitness to take part in the sailing activities

Details of any disabilities, medication or medical treatment being received (if none, write NONE)

I declare that, to the best of my knowledge this child 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.**

Parent/Guardian Signature  
(Or Applicant if over 16)

Date