

BOOKING FORM

Please complete a separate form for each participant



Personal Information

First Name: _____ Contact No: _____
Surname: _____ Address: _____
Date of Birth: _____
Email Address: _____ Post Code: _____
Country: _____

Where did you hear about us?

Course Information (please tick)

Powerboat Level II	___	ICC	___	Basic Navigation	___
Powerboat Intermediate	___	Jet Ski/Personal Watercraft	___	Day skipper Theory	___
Powerboat Advanced	___	Own Boat Tuition	___	Yachtmaster Offshore Theory	___
Direct Assessment	___	VHF	___	Yachtmaster Ocean Theory	___

Course Dates – please specify the date(s) you would like to attend your course(s): _____

Please fill in the following if you wish to book Own Boat Tuition:

Boat: _____ Berth Location: _____ Berth Number: _____

Medical Details

Please give full details of person to contact in case of an emergency:

Please state any illnesses/disabilities/medications received below, e.g. epilepsy, giddy spells, diabetes, angina or other heart conditions (if none, please write none):

Name: _____	_____
Relationship: _____	_____
Address: _____	_____
Contact No: _____	_____

Please Note: Illness, disability or receipt of medication does not necessarily prevent participation in any course but for your well-being and safety we must be informed of all the relevant details prior to the course.

Agreement

I hereby confirm that I am physically and mentally fit and able to take part in the course(s) requested above. I have declared any medical conditions, ailments or medications received. I have read and agree to the terms and conditions detailed here and those detailed in the full terms and conditions of booking.

Date: _____

Signature (Participant): _____

For participants under the age of 18 a Parent or Guardian must countersign the declaration below.
I give permission for my Son or Daughter to participate in the course(s) requested above.

Date: _____

Signature (Parent or Guardian): _____