



Adult Training - Application Form 2017

Course Code/Name:		Course Fee:	
Start Date:		End Date:	-
Name:		Date of Birth:	
Address:			
Mobile Number:		Other Contact Number (where applicable):	
Email Address:			
Emergency Contact Name:		Contact Number:	
Member of Hoyth Yacht Club:	Yes / No	If no, would you like to hear about membership?	Yes / No
Please advise of any relevant medical conditions/food allergies:			
Please advise of swimming capabilities/water confidence:			
Please advise of any other relevant/previous courses attended:			
Note: Hyc use video/photography as part of the training programme, if you do not wish to be photographed/filmed, please tick here to opt out. <input type="checkbox"/>			
Note: We would like to register your details for our weekly email newsletter. This information is for club use only and will not be passed to any third parties. Please tick here to opt out. <input type="checkbox"/>			
Note: By signing this document, you confirm that you agree with the club's Code of Conduct and Terms and Conditions. Sailing, like all sports, carries a risk and that by signing the form, the applicant acknowledges this. Applicants shall inform Hyc of any medical or other condition that has the ability to affect his/her participation on the course.			