

TRENT VALLEY SAILING CLUB

TRAINING REGISTRATION FORM

(Please Complete In Block Letters)

YOUR CONTACT DETAILS

SURNAME

INITIALSKNOWN AS

HOME ADDRESS

.....

.....

TELEPHONE NUMBER

EMAIL ADDRESS

DATE OF BIRTH (if under 18)

EMERGENCY CONTACT DETAILS

SURNAME

FIRST NAME

.....

TELEPHONE NUMBER

YOUR EXPERIENCE

PREVIOUS SAILING AND/OR OTHER BOATING EXPERIENCE.....

.....

.....

WHAT DO YOU WANT TO GET OUT OF THIS COURSE?

.....

.....

HOW DID YOU HEAR ABOUT TVSC?

.....

PTO

HEALTH INFORMATION

PLEASE PROVIDE DETAILS OF ANY HEALTH ISSUES THAT WE MAY NEED TO BE AWARE OF TO ENSURE YOUR SAFETY.....

.....
.....

OUR USE OF YOUR INFORMATION

The information provided on this form will be primarily used for the purposes of running the sailing course for which you are registering. We will not disclose this information to third parties except to the medical or emergency services in the unlikely event that this is required. We may retain your contact information for a reasonable period so that we can notify you of membership information and further courses/ activities that are taking place at the club.

If you do not wish to be contacted By TVSC after the completion of your course please tick this box

SIGNED

CLUB USE ONLY

COURSE TITLE

START DATE

Course fee paid

Start to sail book issued

Log book issued

Course completed

Certificate issued