

Race Clinic 1

St Mawes SC Junior Sail Training
Saturday 24th July 2010

For Office Use	For Office Use
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Sailor's Name: Please fill out SEPARATE forms for each sailor.

Age:

Previous Experience:

- | | |
|---|--|
| <input type="checkbox"/> RYA Stage 3 | <input type="checkbox"/> I've taken part in Junior Race Week before. |
| <input type="checkbox"/> RYA Stage 4 | <input type="checkbox"/> I've taken part in club races before. |
| <input type="checkbox"/> RYA Start Racing | <input type="checkbox"/> I've taken part in local regattas before. |
| <input type="checkbox"/> Feva Training | |

Please read the "Parental Consent" section on the right before continuing...

Medical Conditions / Medication:

(Please write "none" if appropriate.)

If necessary, continue overleaf and tick here: ..

Other Important Information:

- | | | | |
|--|----------------------------|----|----------------------------|
| Can your child swim 25 metres unaided? | <input type="checkbox"/> Y | Or | <input type="checkbox"/> N |
| Permission for instructors to use video footage of your child as a coaching aid? | <input type="checkbox"/> | Or | <input type="checkbox"/> |
| Permission for photos of your child to be used for promotional purposes? | <input type="checkbox"/> | Or | <input type="checkbox"/> |

Emergency Contact Details:

Address During Course:	Permanent Address (If Different):
Phone:	Phone:
Mobile:	Email:

Declaration

I confirm I have read the parental consent section (shown right) and filled in this form fully.

Signed: _____

Print Name: _____

Date: _____

Relationship to Child: _____

NB: Please fill in the sailor's age during the course. Age limits: 10 – 16 yrs.

NB: Stage 3 is a bare minimum for Race Clinics.

St Mawes SC is a RYA Training Centre inspected annually to check the quality of safety, tuition and equipment meet the RYA's high standards.

Parental Consent

Please read the following carefully before signing the declaration:

- I consent to any emergency treatment required by my child during the course.
- I consent to my child being taken to hospital and give full permission for any treatment to be carried out in accordance with the hospital's diagnosis. (I understand I will be informed as soon as possible of any such hospital visit and treatment.)
- I detail any medical treatment or special assistance required by my child in the box opposite.
- I declare that to the best of my knowledge my child is not suffering from epilepsy, disability, giddy spells, asthma, angina or other heart condition and is fit to participate in the course. (These conditions may not necessarily prevent participation.)
- I indicate opposite whether my child can swim 25 metres unaided.
- If any of the above details change before the course commences I confirm I will inform St Mawes SC in writing.
- Photographs/videos may be taken during the course as a coaching aid or for promotional purposes (e.g. club yearbook or website) where published photos will not be linked to personal details of the people involved. I indicate opposite whether I give permission for such photographs/videos to be taken.

Membership

For insurance purposes all children **MUST** be members of the Club. Please circle to confirm one of the following:

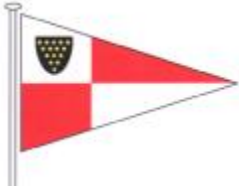
- Existing Junior member (sponsored by a FULL member)
- Or I am a FULL member and would like to add my child for £2 (enclosed)
- Or I am not a member and have completed the attached CADET membership on behalf of my child and enclose £15
- Or I am not a member but have already renewed my child's CADET membership for £15 for 2010

Important Information

Please read the following carefully before posting your booking form(s):

- Courses are only available to **Junior and Cadet members** of St Mawes SC.
- Race clinics cost **£30 per sailor**.
- Please make cheques payable to "St Mawes SC – Junior Sail Training".
- Please attach a **separate cheque** to each form.
- Cheques will not be cashed unless a place on the course is allocated to you.
- When places are allocated, **confirmation sheets** will be sent out with full details of the course.
- Please double check that all **red boxes** are completed fully. Incomplete forms will not be processed until we have all the required information.
- Please return with a **self addressed envelope** to:

Annabelle Sylvester, JST Bookings, Polsue Manor, Ruan Highlanes, Truro, TR2 5LU
 Enquiries: **01872 501270** (0900 to 1700 weekdays only) OR jst@stmawessailing.co.uk
 Website: www.stmawessailing.co.uk



St Mawes Sailing Club

1 The Quay, St Mawes, Truro TR2 5DG
Tel: 01326 270686 Fax: 05600 757190

Application for Cadet Membership 2010

JST

Only complete if you are not already a Cadet or Junior member

Please **PRINT** clearly and return this form with your JST booking form

Surname.....

First Name(s) **Date of Birth**.....

Next of Kin.....

Contact Telephone Number [During JST Courses].....
e-mail address.....

Main Address (This will be used for Club mailings)

.....
.....
.....

Post Code..... **Telephone Number**

Second Address [For contact during course if different to above.]

.....
.....
.....

Post Code..... **Telephone Number**

Boat(s) Owned (Only if it/they belong(s) exclusively to you and **not** your Family)

Boat Name(s).....**Type** (e.g. Laser, Topper, Optimist etc.)..... **Sail Number**

Are you sponsored by a Full Member? Yes / No If yes, give their name:.....

Have you been a Cadet Member of the Club before? Yes / No If Yes, which year(s)?

Subscription: Please add the **£15** Cadet fee to your JST course fee. Reduced to £2 if sponsored by a Full Member.

Applicant's Signature.....

Date.....