

# Week Course 1

St Mawes SC Junior Sail Training  
4 – 8 June 2012

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

Preferred Session: Morning (1000 – 1230)  OR Afternoon (1330 – 1600)

Previous Experience:

<input type="checkbox"/> No Previous Experience	<input type="checkbox"/> RYA Stage 4	<input type="checkbox"/> Oppies at St Mawes SC
<input type="checkbox"/> RYA Stage 1	<input type="checkbox"/> Start Racing certificate	<input type="checkbox"/> Picos at St Mawes SC
<input type="checkbox"/> RYA Stage 2	<input type="checkbox"/> Feva Training	
<input type="checkbox"/> RYA Stage 3		

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?	Y		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:

Name:	Name:
Local Address	Home Address
Email:	
Mobile:	Phone:

Declaration: I confirm I have read the parental consent section (shown right) and FILLED IN ALL THE BOXES.

Signed:	Date:
Print Name:	Relationship to Child:

NB: Please fill in the sailor's age during the course. [      ] Age limits: 8 – 15 yrs.

NB: Your preference session cannot be guaranteed. Book early to avoid disappointment.

NB: If certificates have been issued in the past, please CHECK carefully which ones they are.

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:

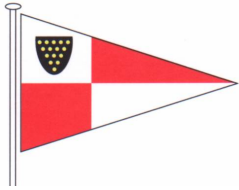
- Existing Junior member (sponsored by a FULL member)
- Or I am a FULL member and would like to add my child for £2 (enclosed)
- Or I am not a member and have completed the attached CADET membership on behalf of my child and enclose £15
- Or I am not a member but have already renewed my child's CADET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

Important Information

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

- Week courses cost £110 per sailor.
- Please make cheques payable to 'St Mawes SC - Junior Sailing'.
- 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](mailto:jst@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 2011

**JST**

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

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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.....