



Adult Sailing Registration Form 2024

Your Contact Details:

Name		Email	
Telephone		Mobile	
Address			

Off water contact in case of emergency:

Name		Tel	
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Do you have any previous boating experience or qualifications? If so please give brief details.	
Can you swim 25 meters?	Yes / No
In the interests of your safety do you have any medical conditions or physical impairments that the session leader should be aware of? If you answer Yes please provide further details In the Medical Information and Impairments section of this form.	Yes / No
If sailing a club boat have you paid £25 season pass to the HRSC Office by cheque, card or BACS	Yes / No

RISK STATEMENT

It must be recognized that sailing is by nature an unpredictable sport and therefore inherently involves an element of risk. By taking part in Adult Sailing Sessions, you agree and acknowledge that:

You are aware of the inherent element of risk involved in the sport and you accept responsibility for exposing yourself to such inherent risk whilst taking part in Adult Sailing Sessions.

You will comply at all times with the instructions of the Session Leader particularly with regard to instructions for boarding and leaving the dinghy, using the equipment on the dinghy and handling sails, wearing of buoyancy aids, and the wearing of suitable clothing in particular footwear for the conditions.

You accept responsibility for any injury, damage or loss to the extent caused by your own negligence.

You will not participate in the Adult Sailing Sessions if your ability to participate is impaired by alcohol, drugs or if you are otherwise unfit to participate.

You will inform the Session Leader if there have been any changes to the information provided on this form.

You understand that Adult Sailing Sessions are intended to give participants a chance to experience dinghy sailing. You will be under the guidance of a member of the club who has been assessed by Captain Adult Sailing/Captain Dinghies as competent and sufficiently experienced to instruct and teach you. These members may not be qualified instructors.

You are aware of any specific risks drawn to your attention by this risk statement.

I confirm that I have read and fully understand the above and agree to comply with the above.

Signed Date

MEDICAL INFORMATION AND IMPAIRMENTS

If you declared that you have a medical condition or physical impairment, please provide details below.

SPECIAL CATEGORY DATA

I confirm that I have given Captain Adult Sailing the medical information listed on this page (if any) for the purposes of my participation in Adult Sailing Sessions. I understand that this information will only be used for that purpose and will only be retained for as long as necessary to comply with HRSC legal obligations.

I agree

I do not agree