

ESSA

Registered Charity No 1025713

RYA Training Centre www.essa.org.uk

Sailing Centre:- Central Lagoon, Meadgate Road, Nazeing, Essex EN9 2PB

Course application form - Individual booking

Name _____

Leader/ Instructor /
Helper _____ Occupation _____

Address _____ Postcode _____

Tel Day _____ Eve _____ Mobile _____

Email _____ DOB _____

Scout/Guide /Youth Group _____ Leaders signature _____
(for under 18 year olds, not applicable for adult over 18 years)

Course title _____ Date/s _____

Amount enclosed £..... (Cheque payable to E S S A)

Name of **contact for emergency use** - parent/guardian or other adult

Telephone No of emergency contact during course _____.

Do you have any learning difficulties or medical conditions that we should be aware eg Angina, Asthma, Diabetes, Epilepsy, Other ? Are you allergic to anything? Do you have regular medication?

I **can** swim 50m in light clothing, float for 5 min and fit to take part in this activity.

Signature of participant if over 18 yrs. Signed _____ Date _____

Parents/Guardians Permission if participant is under 18 yrs. I agree to my son/daughter taking part in the above course.

Signed Parent/Guardian _____ Date _____

Return form & payment to:- Marion Caslake, 9 Pollards Close, Goffs Oak, Herts EN7 5JP

Any queries email marion@essa.org.uk or phone 07773 449205