

**Training Week 2019**  
*PLEASE KEEP FOR YOUR INFORMATION*  
**Newburgh Sailing Club – Training week 2019**

**General Information**

Thank you for your enquiry regarding this year's Training Week. Please find enclosed a form for you to fill in and return. Please read these notes carefully before filling out the forms.

**The Course**

The course runs from Monday 29 July to Friday 2 August 2019. On Friday 2nd we will be having an Awards Ceremony at approximately 7.00 pm when family and friends are welcome.

- We are offering courses to suit all standards from total beginners (which way round does this go?) to the hugely experienced (splash!). Students do not have to be swimmers to take part.
- At the end of the week the Club Principal will assess all students and their Log Books will be completed to show the standard they have achieved. Students will get any RYA certificates for which they qualify.

**Further details**

When your form is received and a place allocated, an acknowledgement will be sent out. Once all the places are taken, a waiting list will be started.

Please return your completed **form including payment, by post**, to  
John Cameron, Acarcaid, East Shore Road, Newburgh, Fife. KY14 6BB

Dates and details of the cost of the course are on a separate sheet for your convenience.

## **COST & DATES**

The cost of the course is £40 per student. All students must be Cadet members of the club  
(if students are not yet members then an application form for membership **MUST** be submitted along with the £22 fee otherwise a place will not be available).

Application forms are on our website [www.newburghsailingclub.org](http://www.newburghsailingclub.org)

Please send completed application forms to the Training Officer a.s.a.p.

John J Cameron  
Acarcaid  
East Shore Road  
Newburgh  
Fife  
KY14 6BB

Newburgh Sailing Club –Training Week 2019

The course runs from Monday 29<sup>th</sup> July to Friday 2<sup>nd</sup> August 2019

The dates and times are listed below:

Monday 29 <sup>th</sup>	12.00
Tuesday 30 <sup>th</sup>	13.00
Wednesday 31 <sup>st</sup>	14.00
Thursday 1 <sup>st</sup>	14.00
Friday 2 <sup>nd</sup>	15.00

On Friday we will be having a prize giving at approximately 7.00pm when family and friends are welcome.

Please return this double page

## Application Form

Students Name: .....

Address: .....

.....

.....

Contact Telephone Number

Email Address<sup>[L]</sup><sub>[SEP]</sub>

Date of birth if under 18

Weight approx. in Kgs

How far can you swim?<sup>[L]</sup><sub>[SEP]</sub>

**Please delete** Non Swimmer / <10m / 50-100m / >100m

## Previous Sailing Experience

RYA Certificate Held .....

Do you have an RYA logbook<sup>[L]</sup><sub>[SEP]</sub> YES / NO

Other sailing experience

## PARENTAL CONSENT

**I agree to my son/daughter taking part in the above activity and having read the information sheet I agree to his/her participation in all of the activities mentioned. I acknowledge the need for responsible behaviour on his/her part. During the course photography/videos may be taken and used for instructional or promotional purposes.**

**I undertake to inform the course organiser should any medical factors alter prior to the commencement of the course.**

**I agree to my son/daughter/myself (the applicant) receiving emergency medical attention, including anaesthetic, as is considered necessary by the medical authorities. I understand the extent and limit of the insurance cover provided.**

SIGNATURE

**CONTACT SHEET**

FOR .....

Contact Name and Relationship.....

Contact Number.....

Address.....

If I am not available please contact <sup>[11]</sup><sub>SEP</sub>

Name and Relationship.....

Contact Number <sup>[11]</sup><sub>SEP</sub> Address

Who has my authority to act on my behalf as the guardian of my child

Name of Family Doctor and Address

**Medical Information**

Does the applicant suffer from any condition requiring medical treatment, including medication? YES/NO

If yes please give details

Is the applicant allergic to any medication? YES/NO

If yes please give details

Has the applicant had a Tetanus injection in the last five years YES/NO

Does the applicant have any food allergies YES/NO

:

**Is there any other medical condition you think we should be aware of or may need to inform emergency medical staff. This may be attached in a sealed envelope to be used by ambulance staff only, but we will need to know of any symptoms.**

I certify the above information to be true and complete.

SIGNATURE