

# NSC Training Week 2021

*PLEASE KEEP FOR YOUR INFORMATION*  
**Newburgh Sailing Club – Training week 2021**

## **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 2<sup>nd</sup> to Friday 6<sup>th</sup> August 2021. On Friday 6<sup>th</sup> we will be having an Awards Ceremony at approximately 5.00 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.

## NSC Training Week 2021

### COST & DATES

The cost of the course for Cadets is £45 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 £23 fee otherwise a place will not be available).

The cost of the course for Adults is £65. No membership is required.

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 and the **closing date will be 27<sup>th</sup> July 2021.**

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

Newburgh Sailing Club –Training Week 2021

The course runs from Monday 2<sup>nd</sup> to Friday 6<sup>nd</sup> August 2021

The dates and times are listed below:

Monday 2 <sup>nd</sup>	09.00
Tuesday 3 <sup>rd</sup>	10.30
Wednesday 4 <sup>th</sup>	11.30
Thursday 5 <sup>th</sup>	12.30
Friday 6 <sup>th</sup>	13.30

On Friday 6<sup>th</sup> we will be having a prize giving at approximately 5.00pm when family and friends are welcome.

## NSC Training Week 2021

Please return this double page

### Application Form

Students Name.....

Address:.....

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Contact Telephone Number:

Email Address:

Date of birth if under 18:

Weight approx. in Kgs:

How far can you swim? **(Please delete as required)**

Non Swimmer / <10m / 50-100m / >100m

### Previous Sailing Experience

RYA Certificate Held.....

Do you have an RYA logbook? 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.**

**Adult students do not need parental consent, but the above conditions apply.**

SIGNATURE

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## CONTACT SHEET

FOR.....

Contact Name and Relationship.....

Contact Number.....

Address.....

If I am not available, please contact

Name and Relationship.....

Contact Number and 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

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