

Training Week 2024
PLEASE KEEP FOR YOUR INFORMATION
Newburgh Sailing Club – Training week 2024

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 29th July to 2nd August 2024. We are offering courses to suit all standards from total beginners to the hugely experienced.
(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 by email** to

Jcameron1952@hotmail.com

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 £55 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 £35 fee otherwise a place will not be available). Please go to Club Website and use the E Membership form.

Application forms are on our website www.newburghsailingclub.org

Please send completed application forms

jcameron1952@hotmail.com

If sufficient Adults wish to learn to sail then we may run an Adult Course. The same form can be used to register your interest . The fee for the Adult course is £75. There is no requirement to be a Club Member.

Newburgh Sailing Club –Training Week 2024

The course runs from Monday to Friday .

The dates and times are listed below:

Monday	29 th	July	09.00 to 13.00
Tuesday	30 th	July	10.00 to 14.00
Wednesday	31 st	July	11.00 to 15.00
Thursday	1 st	August	12.30 to 16.30
Friday	2 nd	August	13.30 to 17.30

A Presentation of Awards will be held at the end of sailing (Friday 2nd August at 18.00) to which Parents , Carers and family friends are invited.

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?^[L]_[SEP]

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

Previous Sailing Experience

RYA Certificate Held if any.

Do you have an RYA logbook^[L]_[SEP] 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^[L]_[SEP]

Name and Relationship.....

Contact Number^[L]_[SEP]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

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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 Agree/Disagree to having photographs of my child being used for promotional uses on the Club website and Facebook page. Please complete this section.

I certify the above information to be true and complete.

SIGNATURE