

**Twickenham
Yacht Club**



Participants' name.....

Age: adult /junior.....

Parent/guardian name if under 18.....

Address:

.....

Post code:

Home phone no.....

Mobile No.....

E-mail

EMERGENCY CONTACT NAME:.....

EMERGENCY CONTACT PHONE NO......

Medical declaration

Please state if you are suffering from any of the following medical conditions:

Epilepsy: diabetes: asthma: Allergies requiring van epi-pen:

.....

Please bring your medication with you on the day of your course.

Or if you have any other medical conditions or physical impairment that we should be aware please give brief details ***this information will be treated in the strictest confidence and does not mean you will not be able to attend any courses,***

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Please sign.....

Date:.....

TYC BACs details: Account No: 30910236 Sort Code: 20-72-17

Please reference your payment '**FirstAid**' followed by your initials.

We may occasionally send you information about activities at the Club please advise if you wish to unsubscribe from this.