

Please print information (especially e-mail address). Thank you.

NORFOLK BROADS YACHT CLUB			
STUDENTS FORM			
Date of Course		Cost: £	Payable to NBYC
Name of Course	Dinghy Instructor Course	Course Duration	Five Days
Personal details. (One applicant per sheet)			
First Name		Surname	
Male/Female		Email	
Address			
		Post Code	
Telephone:	Home:	Mobile:	
Signature of Student (if over 18) or Parent/Guardian of Student (if under 18)			Date

FILL IN MEDICAL DETAILS FORM AND RETURN TOGETHER WITH CHEQUE TO NBYC OFFICE. THANK YOU.

The Avenue, Wroxham, Norwich, NR12 8TS.

Medical history form

STUDENTS NAME:			
Do you suffer from any medical condition we should be aware of?	Yes/No	Details	
Are you having any medical treatment at present?	Yes/No	Details	
Is your anti-tetanus injection up to date?	Yes/No	Date	
Are you allergic to anything?	Yes/No	Details	
NEXT OF KIN DETAILS (essential emergency contact information for course duration)			
Next of Kin: - Name			
Address			
Tel Nos:	Daytime	Evening	Mobile

MEDICAL CONSENT: I,give permission to the coaches participating in activities during the course to administer any relevant treatment or medication to the named participant, when/if necessary. I shall inform the organising body of any known conditions and medication requirements. In addition, if the case arises, I authorise the members of staff to take myself/ son/daughter* to hospital and give full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that my next of kin/I* shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.

Signature Student or the Parent / Guardian if under 18 years)..... *delete as applicable*