

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

<b>NORFOLK BROADS YACHT CLUB</b>			
<b>STUDENTS FORM</b>			
Date of Course		Cost:	Payable to NBYC
Name of Course	Keelboat start sailing	Course Duration	Two days
<b>Personal details.</b> (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

<b>STUDENTS NAME:</b>			
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	
<b>NEXT OF KIN DETAILS (essential emergency contact information for course duration)</b>			
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*