

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

|  |             |           |                 |
|--|-------------|-----------|-----------------|
| <b>NORFOLK BROADS YACHT CLUB</b>   |             |           |                 |
| <b>SAFETY BOAT COURSE - STUDENTS FORM</b>  |             |           |                 |
| Date of Course   |             | Cost: £   | Payable to NBYC |
| Name of Course   | Safety Boat |           |                 |
| <b>Personal details.</b> (One applicant per sheet)                               |             |           |                 |
| First Name   |             | Surname   |                 |
| Male/Female  |             |           |                 |
| Address  |             |           |                 |
|  |             | Post Code |                 |
| Telephone:   | Home:       | Mobile:   | e-mail:         |
| Signature of Student (if over 18) or<br>Parent/Guardian of Student (if under 18) |             |           | Date            |

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

The Avenues, 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?<br>Is a special diet is required.<br>Please bring packed lunches. | 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 of Student (or the Parent / Guardian's\* consent if under 18 years) *delete as applicable* .....