

# **TSSC/ CGSC COURSE BOOKING and REGISTRATION**

## BOOKING - Part 1

Title of Course	

#### STUDENT DETAILS:

First Name	Surname/Family Name	

Date of Birth

Gender

Age

#### CONTACT DETAILS: (please include all codes)

Home Address	nergency Contact (include all codes)	
	ame	
	aytime No	
	vening No	
Post Code	obile No	
Telephone	elationship	
Personal/Parent/Guardian e-mail	mail Address	
Other relevant details	ther relevant etails	

SAILING QUALIFICATIONS/ EXPERIENCE:



### MEDICAL /WELFARE INFORMATION:

тззс

discuss this further.	
Doctor's Name / Address /Tel	
PARTICIPANT/PARENT/GUARDIAN - Giving	consent.
Date of Consent	
Status: Participant / Parent / Guardian	<u></u>
Name of person in Loco Parentis	
-	
	Id to have a responsible adult present on site while they are nt/guardian or another person nominated by the
parent/guardian e.g. the parent of another	child on the course who will be staying on site. If the named
adult/guardian on the booking form will no alternative adult who will act as the "in loc	t be present during the course please provide the name of an o parentis"
I agree to Photo & Video Consent	
I agree to Medical Treatment Consent	
Signed:	
If submitting this form by e mail, please sign and	
print a hard copy to hand to the course instructor prior to the start of your course.	
Print Name	
Relationship (if participant is under 13)	
	can complete this form on-line and send by clicking buttor
If your device supports form filling you	
	the pdf browser screen, complete form, scan and return to thornton-steward-sailingclub.co.uk