

Blaze Junior Attendance at Open Meeting and Training Session

Training Sessions will be delivered at Carsington Sailing Club. By Blaze Association RYA Qualified Staff

Participants Name:

Date of Birth

Address

..... Post Code

Contact No

Emergency Contact

Next of Kin Relationship

Home No Mobile

Doctor Tel

Alternative Emergency Contact:

Next of Kin Relationship

Home No Mobile

Name of Course

Date of Course

It is your responsibility to make known any potential medical conditions that may affect you during the activities associated with the event you will be taking part in. Please therefore provide as many details as possible. This information will be shared with the organisers and coaches at events and training.

Have you ever suffered from any of the following conditions:

• Asthma/Bronchitis	Yes	No
• Heart conditions	Yes	No
• Fits, fainting or blackouts	Yes	No
• Severe headaches	Yes	No
• Diabetes	Yes	No
• Travel sickness	Yes	No
• Allergies to medication	Yes	No
• Any other allergies	Yes	No
• Other illnesses or disabilities	Yes	No

If you have answered yes to any of the above, please provide details in the box

When did you last have a tetanus vaccination? Year

Are you currently taking any medication? If so please specify:

Are you suffering/recovering from any injuries which may affect your sailing/training?

