

Training





## **Scottish Week Adult Sailing Taster Sessions**

Name:	Date of Birth (if under 18):
Address:	Emergency Contact (inc address if different):
Telephone number	Emergency Contact Tel:
Please pick 1 <sup>st</sup> and 2 <sup>nd</sup> choice session times.	
Mon 18 <sup>th</sup> , 10-12noon   Mon 18 <sup>th</sup> , 2-4pm	Tues 19 <sup>th</sup> ,10-12noon Tues 19 <sup>th</sup> , 2-4pm

## **Medical conditions**

Please note that medical conditions will not normally exclude you from activities, but declaring them beforehand is important in case of an emergency.

Do you have any of the following? Asthma, bronchitis, heart condition, epilepsy, fits, blackouts, diabetes, allergies, other illnesses, or are you carrying any injuries or had any recent surgery?

If so, please give details:

Are you currently taking any medication?

## **Declaration**

I consider myself physically fit to take part in the sailing activities and am confident in water wearing a lifejacket.

Signature: Date:

To book your place, please return this form with a cheque payment for £20 a head, (*Payable to Aberdeenshire Sailing Trust*), to Angie Fraser, 2 Ardiffery Cottages, Hatton, Peterhead, Aberdeenshire, AB42 0SD. Online booking also available here: http://www.aberdeenshiresailing.org/aberdeenshire sailing trust 018.htm

You can check availability of places by calling 07812 380834.

Please bring a towel, swimming costume, spare warm jumper and footwear that can get wet.

www.aberdeenshiresailing.org 07812380834 info@aberdeenshiresailing.org
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