

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (Name) \_\_\_\_\_ Emergency Contact (Number) \_\_\_\_\_

Please check those that apply: (Provide necessary details below)

CHRONIC AILMENTS:		ALLERGIES	
ASTHMA OR OTHER RESPIRATORY PROBLEMS		MEDICATION	
DIABETES OR HYPOGLYCEMIA		PREGNANCY	
HEMOPHILIA OR OTHER BLEEDING PROBLEMS		BACK OR KNEE PROBLEMS	
CIRCULATORY OR HEART PROBLEMS		RECENT SURGERY	
EPILEPSY		OTHERS, IF SIGNIFICANT (describe below)	

### Declaration of water confidence and swimming ability

I am aware that in order to participate in this activity I must be confident in open water while wearing a lifejacket or buoyancy aid. I am physically fit to partake in activities.

### PLEASE MAKE SURE YOU HAVE FILLED IN ALL THE NECESSARY INFORMATION

We at Wild West Sailing take every precaution for your safety, however the activities on your programme are potentially hazardous and carry an inherent risk. Persons participating in activities or courses do so voluntarily and at their own risk. No claims shall be made against Wild West Sailing in respect of injury or loss arising there from.

We appreciate your time and effort to read and complete this booking form. By signing below you agree to be bound by the Terms & Conditions and declaration as previously stated.

**Signed: Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please also print your name:** \_\_\_\_\_

**50% of your course fee is payable on booking. Please deposit into the following account.**

IBAN	BIC	Sort Code	Account No.
IE55AIBK93725842382053	AIBKIE2D	937258	42382053