



FRENSHAM POND
Sailability

Sailing for the disabled



The Queen's Award
for Voluntary Service

SAILOR REGISTRATION AND MEDICAL FORM

Sailor Details

Full Name			
Known as:			
Date Of Birth		NHS Number (if known) – [can be found on prescriptions]	
Home Address with Post Code			
Telephone			
Mobile Phone			
Email	Please write this very clearly as we use email to keep in contact with you		
EMERGENCY CONTACT DETAILS	Name		
	Relationship to Sailor		
	Telephone Number		

Medical Information

To ensure your safety on the water, please complete all sections

1. Briefly describe your disability?

2. Do you have any additional medical issues or disabilities? Please tick all relevant categories below and provide any additional information if necessary

<input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy/Fits <input type="checkbox"/> Spasms <input type="checkbox"/> Asthma/breathing difficulties <input type="checkbox"/> Reduced hearing <input type="checkbox"/> Visual impairment <input type="checkbox"/> Allergies	<input type="checkbox"/> Pain <input type="checkbox"/> Heart condition/Angina <input type="checkbox"/> Blood pressure <input type="checkbox"/> Catheter in situ <input type="checkbox"/> Communication difficulties <input type="checkbox"/> Learning difficulties <input type="checkbox"/> Physical limitations
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Additional medical information (if required):	
3. Can you swim?	YES / NO
4. Can you sit independently on the side of a bed?	YES / NO
5. Do you have any weakness in your arms and/or hands?	YES / NO
6. Can you take either hand to your mouth?	YES / NO
7. Do you require a hoist for transfer into / out of the boat?	YES / NO
8. Do you have any emergency medication that you must carry at all times? If YES, please specify:	YES / NO
9. Do you have special ways of communicating? If YES, please specify:	YES / NO
10. Are there any other aspects of your medical condition we should be aware of? If YES, please specify:	YES / NO
11. Is there any advice we need to know in the event of an emergency? If YES, please specify:	YES / NO
To ensure your safety whilst sailing, please inform Frensham Pond Sailability of any change in the above medical information during the season	
Consent	
The information supplied on this Registration and Medical Form will be shared strictly on a 'need to know' basis and only to offer you the support required to promote safe sailing. The information will be stored in accordance with the Frensham Pond Sailing Club Policy, dated April 2006, on The Data Protection Act 1998.	
I consent to allow FPS to share information	
Yes / No	
Signed:	Date:
N.B. If the sailor is under 18 or is unable to sign due to disability, a Parent, Guardian or Carer must sign on his/her behalf. Please state if you are signing as a Parent/Guardian/Carer:	
<i>When completed, please hand this form in at the "Welcome Desk" at any Sailability session or send to Ivor Barrett, FPS Sailor Membership Secretary, 2 Heatherfield Cottages, Beacon Hill Road, Hindhead, Surrey, GU26 6QJ ivorbarrett@msn.com</i>	

