

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. What is your medical diagnosis if known?
2. Briefly describe your disability? eg wheelchair user, weak upper limbs, learning difficulties, communication needs.
3. Additional medical information you may wish to share:

Please circle:	
4. Are you able to swim?	YES / NO
5. Can you sit independently?	YES / NO
6. Can you stand unaided?	YES / NO
7. Do you require a hoist for transfer into / out of the boat? Weight range (required for safe hoisting) Do you have a urethral / suprapubic catheter in situ? If YES please circle	YES / NO Less than 18 stone (120kg) 18-22 stone (120-140kg) Above 22 stone (140kg) YES / NO
8. Do you have any emergency medication that you must carry at all times? eg EpiPen oxygen, inhaler If YES, please specify:	YES / NO
9. Do you have special ways of communicating? If YES, please specify:	YES / NO
10. 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	
Data Storage and consent to share confidential personal information	
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 Data Control Policy v.4 January 2019	
I consent to allow FPS to share information as stated above	
Yes / No	
Signed:	Date:
<p>N.B. If the sailor is under 18 or is unable to sign due to disability, a Parent, Guardian or Carer must sign above on his/her behalf.</p> <p>Please circle as applicable if you are signing as a Parent / Guardian / Carer</p> <p><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></p>	

TASTER SAILS AND MEMBERSHIP FORM

Name:

Information

PLEASE NOTE: To meet the terms of the FPS and FPSC Rules, Taster Sails have to be limited to a maximum of 3 sessions. If you continue to sail beyond the initial 3 sessions, you automatically become a Member of Frensham Pond Sailability and will be charged according to the rates on the next page (either the annual fee or per session, whichever you prefer).

Your first Taster Session is FREE. The second and third sessions are chargeable at **£6 each** (recoverable against your annual membership fees should you decide to continue).

A Sailor Membership Pack is available to take away today or it can be emailed to you.

How or where did you hear about Frensham Pond Sailability?

Have you sailed before?

YES / NO

If YES,

Where:

What type of boat:

Consent

I consent to any photographs/videos taken by FPS being used in newsletters and other communications media (newspapers, website, social media, etc.)

YES / NO

Declaration

I recognise that there is always an element of risk in active sports such as sailing and that it is my responsibility to assess whether participation will have any adverse impact on my disability or medical condition. I will advise FPS if my medical condition changes significantly.

I undertake to be bound by the FPS Rules and conditions of membership and the associated Frensham Pond Sailing Club Rules and By-laws and (where applicable) confirm that my family, partner, carer agree to bound by these Rules and By-laws. These Rules can be found on www.sailfrensham.org.uk

Signed:

Date:

If completing electronically, please type name to confirm Consent and Declaration above

**N.B. If the sailor is under 18 or is unable to sign due to disability, a Parent, Guardian or Carer must sign above on his/her behalf.
Please circle as applicable if you are signing as a Parent / Guardian / Carer**



PAYMENT INFORMATION

Name:

The Frensham Pond Sailability year runs from 1st November to 31st October in the following year.

Payment Options

Please tick or delete as appropriate:

- Annual Membership Subscription (2019/2020) **Adult £60**
Youth (under 19 on 1/11/19) £30
- Pay As You Go (PAYG) **£6 per sailing session**

(Note: With PAYG, after 10 sessions (adults) or 5 sessions (Youths) no further payments are required)

How to make your payment (if choosing annual subscription)

Please tick or delete as appropriate:

- Cheque made payable to "Frensham Pond Sailability"
- Bank Transfer to Lloyds Bank (Sort Code 30-93-20, Account Number 02141608)
(Please include your name in the transfer reference so we can identify your payment)