



Application Form - RYA Courses Ashore

GRAVESEND SAILING CLUB

Promenade East, Gravesend, Kent, DA12 2RN



I wish to apply for a place on the (please tick):

- RYA One Day First Aid Course
- RYA One Day VHF Marine Radio Course (SRC)
- RYA One Day Diesel Engine Course
- One Day Navigation Course
- RYA Day Skipper Shorebased Course (40 hours)
- RYA Yachtmaster Shorebased Course (40 hours)

Further details of all courses can be found on the RYA website

Course on _____ (please give dates)

I accept that Gravesend Sailing Club, its instructors, committee and members shall not be responsible for, and shall be exempt from any liability in respect of claims arising out of injury to, or death of any person, or for loss or damage to property during training, however caused.

RYA/NSSA Instructors, NSSA Sailing Masters, RYA Senior Instructors or RYA Coaches do not accept responsibility for any loss, damage or injury suffered by persons and/or their property arising out of, or during the course of their activities whilst training and/or coaching and/or instructing unless such injury loss or damage was caused by, or resulted from deliberate negligence or deliberate act.

In the event of insufficient number of students this course will be cancelled **two weeks before the commencement of the course** and a full refund will be paid if Gravesend Sailing Club cancels this course. In the event of students removing themselves from a course with less than 2 weeks' notice, Gravesend Sailing Club reserve the right not to refund any money.

The course fee is due not less than 2 weeks prior to the course start and a space is not held until the fee has been received.

Title/Forename/Surname:

Address inc. postcode:

Phone No:

DOB:

Email:

Emergency contact (Name/Phone No/Relationship):

Hot drinks will be provided but bring your own lunch, cold drinks and snacks.

Application Form - RYA Courses Afloat

For your own safety you should advise us if you suffer or have suffered from any condition which may be relevant to being on the water - such as epilepsy, asthma, diabetes, heart condition, visual, physical or hearing impairment. Please indicate these below if possible, or discuss with the training principal or senior instructor. Any information will be treated in the strictest confidence.

Date:

Signed:

How did you hear about this course? (Please circle):

- GSC Website Social Media Visit to GSC
- Through a GSC Member Newspaper article Other (please state):

.....

<i>(To be countersigned if the applicant is under 18yrs of age - please telephone and discuss this first):</i>	
Date:	Signed: (Parent/Guardian)

Please return this form to the Training Principal at training@gravesendsc.org.uk. Electronic forms are accepted and bank transfer is the preferred payment method.

Bank details are;

Sort code: 600910

Account Number: 72091576

Please provide a reference such as "*Surname MonthOfCourse CourseType*" (e.g. Smith Oct PB1&2).

Office use only:

Full amount paid:.....

Course booked onto:.....

Course pass:.....