Course Application Form | Wilsonian SC

Please complete and hand this form to your instructor before starting the course.



Course:				
Course name:			Course dates:	
Student:				
Full name:			Address:	
Telephone:				
Email:				
Date of birth (if over 18):			If the student is under 18 years of age, the declaration must be signed by the student's parent or guardian.	
Are you a member:	Yes / No		Date of birth (if over 18):	
Membership number:			If the student is under 18 years of age, the declaration must be signed by the student's parent or guardian.	
In case of emergenc	-		ovisional membership f	orm before starting this course.
Name:		Contact number:		Relationship to student:
Experience:				
		Please note	e your current experienc	ce including any certificates already held.
Medical conditions:			Dietary requirements:	
Fee:				
£	Paid by:	commencem	ent. Pay by BACS to acc	ourse starts and must be paid prior to its ount 80912816 with sort code20-25-42. nce@wilsoniansc.org.uk for verification.
Declaration:				

- I understand that I am applying to take part in this course as a member and that the course may run by voluntary club members of the Club, and that the fee is to cover the cost of equipment, fuel, and club facilities.
- I acknowledge that the club, its designated instructors, or assisting course personnel cannot accept responsibility for any loss, damage, or injury suffered by persons and/or property, howsoever caused.
- I confirm that any dinghy owned by myself is insured and appropriately covered for the circumstances in which the boat is used including any other helms.
- I agree that any damage caused to any dinghy owned by myself will remain a matter between me and the individual(s).

Name:	Signature:	Date:

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