



# LOCH EARN SAILING CLUB

## Training Week 2009

### Power boat course Level 2

Please find enclosed a form for you TO COMPLETE AND RETURN. Please read these notes carefully before completing the form.

#### The Course

- ◆ The course runs from Monday 6 July to Thursday 9 July.
- ◆ We begin each evening at 6 PM. Students are free to leave when all tasks are finished at approximately 9 pm every day.
- ◆ We are offering this course to any one **over 16** The course is suitable for all standards from total beginners, to experienced power boat drivers wishing to formalise their experience. Students do not have to be swimmers to take part.
- ◆ **At the end of the week all students will be assessed by the Club Principal** and their Log Books will be completed.

**THE COST** of the course is £50 per student (current members) and £85 per student (non-members).

Please make cheques payable to Loch Earn Sailing Club

If you are a member of the club please make sure that your membership is **fully paid up**.

Please return your completed form **by post** to

Neil Morris, LESC Training Week, 23 Sedgebank, Ladywell,  
Livingston EH54 6HE

If I can give further help please feel free to phone me on 01506 433846 OR E-MAIL [neil.h.morris@blueyonder.co.uk](mailto:neil.h.morris@blueyonder.co.uk)

**LOCH EARN SAILING CLUB**  
**Application Form for Powerboat course.**

Students Name

Address. ....  
.....

Contact Telephone Number

Date of birth if under 21

Previous Powerboat Experience

RYA Certificate Held . . . . . **Yes/No**

Do you have an RYA logbook **Yes/No**

**CONTACT DETAILS OF NEXT OF KIN**

Contact Name and Relationship  
Contact Number  
Address  
Post Code

**ALTERNATIVE CONTACT IF NOT AVAILABLE**

Name and Relationship

Who has my authority to act on my behalf

Contact Number  
Address  
Post Code

## **MEDICAL**

Name of Family Doctor

Phone No

Address

**Medical Information – if answered YES to any question please give details (on a separate sheet if necessary)**

Does the applicant suffer from any condition requiring medical treatment, including medication? Yes/No

To the best of your knowledge, has the applicant been in contact with any infectious diseases or suffered from anything contagious in the last month.

**Yes/No**

Is the applicant allergic to any medication?

**Yes/No**

Has the applicant had a Tetanus injection in the last five years

**Yes/No**

## **DECLARATION**

I undertake to inform the course organiser should any of these factors alter prior to the commencement of the course.

I agree to myself (the applicant) receiving emergency medical attention, including anaesthetic, as is considered necessary by the medical authorities.

I understand the extent and limit of the insurance cover provided. During the course photography/videos may be taken and used for instructional or promotional purposes.

I have read and understood all terms and conditions

**SIGNATURE**

Date