

# Barking Mad Watersports

Highbury House, 17, Collingwood Road, Hartlepool, Cleveland, TS26 8QT

01429 867745

0788 912 6878

## PRACTICAL COURSE BOOKING FORM



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Post Code** \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

EVE PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DATE of BIRTH: \_\_\_\_\_

NAME OF COURSE: \_\_\_\_\_

DATE OF COURSE: \_\_\_\_\_ To \_\_\_\_\_

A NON-RETURNABLE DEPOSIT OF £50.00 IS PAYABLE WITH BOOKING.

BOOKINGS MADE WITHIN TWO WEEKS OF THE COURSE MUST BE PAID IN FULL AT TIME OF BOOKING.

PLEASE MAKE CHEQUES PAYABLE TO "**Barking Mad Watersports**".

PERSONAL INSURANCE IS NOT INCLUDED.

I ENCLOSE PAYMENT OF £\_\_\_\_\_ AS NON-RETURNABLE DEPOSIT / FULL PAYMENT (Delete as applicable).

**IN CASE OF EMERGENCY PLEASE PROVIDE DETAILS OF YOUR NEXT OF KIN.**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TEL:** \_\_\_\_\_

**STUDENTS USING THEIR OWN BOAT FOR TUITION MUST INFORM THEIR INSURANCE COMPANY THAT THEY WILL BE UNDER INSTRUCTION FOR THE DURATION OF THE COURSE.**

### HEALTH DECLARATION

I DECLARE THAT, TO THE BEST OF MY KNOWLEDGE, I AM FIT TO PARTICIPATE IN THE COURSE APPLIED FOR.

- I CAN SWIM 50 METRES
- I WILL INFORM THE SCHOOL OF ANY HEART CONDITION, DIZZY SPELLS, EPILEPSY, DIABETES OR OTHER CONDITION BEFORE ATTENDANCE ON THE COURSE. SUFFERING FROM ANY OF THE ABOVE WILL NOT PRECLUDE YOU FROM ANY ACTIVITY, BUT WILL ASSIST THE INSTRUCTOR IN THE COURSE OF ACTION TO TAKE IN THE EVENT OF A MEDICAL EMERGENCY.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE USE ONLY: INSTRUCTOR: \_\_\_\_\_ CERT NUMBER: \_\_\_\_\_