



Medical declaration (Adult)

For use of those over 18 years participating in sailing activities at Hill Head Sailing Club (Under 18's should complete the `Medical Consent and Photography Contact form). Details of any medical treatment being received (if none, write none):

.....
.....
.....

I declare that to the best of my knowledge, I am not suffering from epilepsy, disability, giddy spells, asthma, diabetes, angina or other heart condition, and I am fit to participate in the course.

Signature..... Date.....

Please print name.....

Please note that declared illnesses or medical conditions will not prevent you from participating in the course but the principal and/or instructor must be aware of any potential problems. If you are in any doubt about your fitness to take part in the course you should consult your general practitioner.

Details of emergency contact / next of kin

Name:.....

Relationship:.....

Address:.....

.....
.....

Contact numbers:..... Mobile.....