

**WEYMOUTH SAILING – MEDICAL DECLARATION**

**This information is to assist us in keeping you safe and is required before completing any course IF 17 OR UNDER TO BE COMPLETED BY PARENT OR GUARDIAN**

Full Name			
Course	Start date:	Finish date:	
Course Type/Name			
<b>Student details:</b>			
Age:	Date of birth:		
Nationality			
Address			
	Post Code:		
Contact Numbers	Home:	Mobile:	
	Parent/Guardian:		
Email address			
Fitness level – would be described as	Very fit	Fit	Unfit
	[Circle as appropriate]		
Height [metres]	Weight [kg]		
Swimming ability	Swim 50m in light clothing [yes] [no] - [if no you are still welcome – for info only]		
Next of Kin [Parental contacts if under 18] – who do we contact in case of an emergency [if possible give 2 contacts]			
Name			
Relationship			
Address			
	Post Code:		
Contact Numbers	Home:	Mobile:	
Email			
Name			
Relationship			
Address			
	Post Code:		
Contact Numbers	Home:	Mobile:	
Email			
<b>Student - Doctors details</b>			
Name of Dr			
Name of surgery			
Address of surgery			
	Post Code:	Telephone:	

**This information will not be shared with any other organisation/person [other than medical in the event of an accident]**

**WEYMOUTHSAILING – MEDICAL DECLARATION**

**This information is to assist us in keeping you safe and is required before completing any course IF 17 OR UNDER TO BE COMPLETED BY PARENT OR GUARDIAN**

<b>Part 2 - About the attending students current health</b>		
Has your Doctor currently or recently prescribed any medication:		
If yes – details:		
Treatment and Medication – are you currently receiving treatment or taking any medication for any of the following: <span style="float:right">[Circle as appropriate]</span>		
Heart condition	Yes	No
Diabetes	Yes	No
Epilepsy	Yes	No
Do you suffer from any hearing deficiency or impairment	Yes	No
Do you suffer from any sight impairment	Yes	No
Do you have any restriction in the movement of joints or limbs	Yes	No
Have any restrictions in movement [ for example back or neck]	Yes	No
Suffer from any weakness or recurring injury in your joints, limbs, back or neck	Yes	No
Do you suffer from any allergies	Yes	No
Do you suffer from asthma	Yes	No
Any other illnesses, disability, or medical condition not included above	Yes	No
<b>If answered YES to any of the above questions, in Part 2, please give relevant details below – [continue on separate sheet if required]</b>		
Please give details, if known, of most recent Tetanus Injection	Date:	
You should include below any other medical facts that could affect the training or your safety whilst with Weymouthsailing e.g. previous injuries		
<b>Do you have any special or specific DIETARY REQUIREMENTS for sailing courses</b>		
<b>Declaration</b>	I declare that the information given above is accurate and true and that I have not knowingly withheld any information.	
	I understand that to knowingly withhold information that could result could result in termination of any training without refund.	
Signature:	Date:	
Parent or Guardian:	Date:	

**This information will not be shared with any other organisation/person [other than medical in the event of an accident]**