## BOOKING AND MEDICAL FORM

Please download the form, fill it out, save it and email it to fadwa@atlanticsailing.org

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: |  | | | Last Name: | |  | | |
| Address: |  | | | | Town: | |  | |
| City: |  | | Postal code: | |  | | | |
| Country: |  | | Mobile: | |  | | | |
| Passport No./ID No.: | |  | | | Nationality: | | |  |
| Date of Birth: |  | | Email: | |  | | | |

**Emergency Contact Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Tel.: |  | Email: |  |

**Medical Information:**

Our top priority is your health and safety. Please enter details of any medical treatment being received and/or any conditions including epilepsy, giddy spells, asthma, diabetes, heart condition or anything else you believe may affect you during your time with us. If you do have a medical condition, we ask you to please obtain a note from your doctor that you can participate in the course and have the appropriate medication with you.

**If you do not have medical conditions please enter N/A**

|  |  |  |
| --- | --- | --- |
|  | | |
| I declare that to the best of my knowledge, I am fit to participate in the course: | Yes | No |

**Allergies and Dietary requirements:**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have any allergies? |  | Do you have any Dietary requirements? |  |

**Previous Experience:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Practical Qualification: |  | | | | Shore-based Qualification: | |  | | | |
| NMiles Logged | |  | Night Hours: | |  | | | Days: |  | |
| Do you need wet-weather gear? | | No | Yes | If Yes, size: | | S | | M | L | XL |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Gender** |  | |  | | **Height** |  |
| **Can you swim?** | | No | Yes | **If no, please note that you will be required to wear a life jacket at all times.** | | |

**Booking Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates: | From: | To: | Flexible? |
| Course Required: |  | | |

*To read our* ***Booking Conditions****, please click* [*here*](https://9f9bf9be-3f15-4b68-8ad0-0aa40d4f1ebb.filesusr.com/ugd/cb1fd7_98d709dc1a524b5a9288c98fe2098e19.pdf)*.*

*Please note that this form needs to be signed upon your arrival at Atlantic Sailing. We will have a printed copy ready for you to sign upon arrival.*