



# CRAMOND BOAT CLUB

RIVERSIDE, CRAMOND, EDINBURGH, EH4 6NY  
TELEPHONE 0131 336 1356



## TRAINING ENROLMENT FORM

Module Title ..... Date(s) .....

Surname ..... First Name .....

CBC Membership Category (please circle)    Full    Family    Associate    Under 26    Student    Junior

Member of Cramond Sailability    Yes/No    Date of Birth (if under 18) .....

Address ..... Name of Contact Person .....

..... Address (if different) .....

.....

Postcode .....

Tel. .... Postcode .....

Email ..... Contact No. ....

Boating experience and qualifications (including approximate dates)

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Please give details of any relevant disabilities/medical conditions/injuries. Conditions such as asthma, bronchitis, blackouts, fits/giddy spells, epilepsy, diabetes, angina/other heart condition should be listed. If none, write "None".)

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I am fit to participate in the course and I am able to swim at least 25 metres with the help of a buoyancy aid.  
I will wear suitable clothing and waterproofs (no waterproofs will be provided by the club).  
I will wear a buoyancy aid or lifejacket at all times when afloat (club lifejackets are available to borrow).

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

.....  
*Signature of Parent or Guardian if under 18*

Name of Parent or Guardian (block capitals) .....

**Data Protection:** Details of trainees and training personnel are held on computer. As well as contact information, training achievements are recorded and may be used as info for the Club magazine or website. They will not be disclosed to anyone outwith the Club. If you do not wish to be included, please advise a Club Officer.

**Photographs:** Photographs are regularly taken during training and other Club events and may be used for Club publicity through the Club magazine, posters and website. If you do not wish photos that include an image of yourself or any children for which you are responsible to be used in this way, please tick this box:

*Please return this form to the Training Officer, together with the appropriate enrolment fee.*