



## Individual Booking Form

Event/Course		Date(s)	
Name		Address & Postcode	
Email			
Mobile	07		
Dietary	No or add?		
Medical/Treatments/ Disability	No or add?		
Yachting Competency, Swim Ability?		Next of kin (Relationship) Mobile No.	

- Please take this as booking for the above event.
- I declare that I have mentioned any matters above regarding my fitness to take part in the course. Illness or medical conditions need not preclude the ability to take part in the course, if unsure consult your GP.
- I understand that participation in sail yachting has risks and as part of the crew I will undertake orders when practical to do so. I will undertake to keep myself safe at all times including the wearing of a lifejacket, and a safety line (when instructed to do so) when above deck.
- My signature below confirms that I have read and understand the Cardiff & Swansea Yacht Company Limited Terms and Conditions provided on the website by way of a pdf copy.
- Cardiff & Swansea Yacht Company strives to provide the very best service to customers at all times. In the event of any shortfall (the weather is beyond our control!), I undertake to make contact with the skipper directly should there be any cause for complaint to allow for any remedial action to be considered as soon as practical.

Signed		Dated	
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