A Sailability @ Whitefriars Season Ticket entitles you to attend sessions run by the Sailability group. Typically these will be Wednesdays between 3rd April and 16th October 2019 10am-4pm. You may book up to 1 hour slots. Please book one week ahead. The cost is £50. Payment details are overleaf.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of participant |  | | | |  | **Payment details** | | |
| Address | | | | |  |
|  | | | | |  | WSC Member | Free | |
|  | | | Post code: |  |  | Season Ticket | £50 | |
| Email |  | | | |  | For new visitors | | |
| Telephone (home) |  | | | |  | Taster | Free | Date |
| Telephone (mobile) |  | | | |  | 1st Visit | £15 | Date |
|  |  | | | |  | 2nd Visit | £15 | Date |
| **Primary contact information (If different to above)** | | | | |  | 3rd Visit | £15 | Date |
| Name of Primary Contact | |  | | |  | Season Ticket | £5 | Date |
| Address | |  | | |  |  |  | |
|  | | | | |  | Season Ticket Issued | | |
|  | | | Post code: |  |  |
| Email | |  | | |  | Date | | |
| Telephone (home) | |  | | |  |
| Telephone (mobile) | |  | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please provide details of an emergency contact:** | | | |
| Name: |  | | |
| Address: |  | | |
|  | |  |  |
|  | | Post code: |  |
| Relationship: e.g. Carer, Parent etc |  | | |
| Telephone: (home) |  | | |
| Telephone: (mobile) |  | | |

**Please complete overleaf ….**

|  |
| --- |
| **Important information:** |
| Please provide us with any information that we should be aware of to enhance your experience, or which have safety implications for you, or others eg seizures: |

|  |  |
| --- | --- |
| **INSURANCE COVER (please tick below to accept):** | |
| Unless otherwise stated: | |
|  | I understand that the activity is insured in respect of legal liabilities (third party liability) but that I have no personal accident cover. |
|  | I understand that any extension of insurance cover is my responsibility. |

|  |  |
| --- | --- |
| **DECLARATION (please tick below to accept):** | |
|  | I agree that **photographs and/or films** may be taken of me and used for training and coaching.  Please advise us if you do not wish photographs of yourself to be used for training and coaching. |
|  | I agree that **photographs and/or films** may be taken of me and used to **promote** the sport of sailing and the activities of Whitefriars Sailing Club and Sailability @ Whitefriars.  Please advise us if you do not wish photographs of yourself to be used in our promotional material. |
|  | I will inform the Club if any of the above information changes. |

**DATA PROTECTION:** Whitefriars Sailing Club and Sailability@Whitefriars use the information on this form to provide sailor services. More information can be found in the Whitefriars Sailing Club Privacy Policy online at [www.whitefriarssc.org](http://www.whitefriarssc.org) . Contact us at [membership@whitefriarssc.org](mailto:membership@whitefriarssc.org) or [sailability@whitefriarssc.org](mailto:sailability@whitefriarssc.org)

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |
| Full name: (please print) |  | | |

Please return this application form to: David Durston, 20 Rendcomb Drive, Cirencester, GL7 1YN or by email to [sailability@whitefriarssc.org](mailto:sailability@whitefriarssc.org)

Payment of £50 can be made by cheque payable to Whitefriars Sailing Club, or by bank transfer to Lloyds Bank

Account name: Whitefriars Sailing Account - Sailability Fund

Sort Code: 30-98-97

Account Number 60128860

Reference: Sailability2019