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 or 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

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