



# Norfolk Schools Sailing Association

Registered Charity 1142627

## Membership and Course Booking 2018

Personal details of applicant (use separate form for each applicant)				
Surname		First Name		
Address		Home phone		
		Mobile phone (over 16 only)		
		Email (over 16 only)		
		Gender	male	female
		Date of Birth		
Date of most recent qualifications and/or experience		COURSE NAME		
How did you hear of NSSA?				

Next of kin of applicant			
Surname		First name	
Address		Home phone	
		Mobile phone	
		email	
Relationship			

<b>NSSA BOOKING TERMS AND CONDITIONS</b> For full terms and conditions please see the website <a href="http://www.nssa.co.uk">www.nssa.co.uk</a>
NSSA BURSARY - Norfolk and Suffolk Boating Association sponsor Norfolk Schools Sailing Association to enable us to offer a bursary fund. Donations in memory of the late Jim Searle have been given to support the work of this fund.  If you are unable to meet the cost of membership please apply to the membership secretary for a grant to cover this cost. <a href="mailto:membership@nssa.co.uk">membership@nssa.co.uk</a>

Our membership year runs from 1st January to 31st December each year.

With your application form please enclose your cheque for the sum of £45.00 (made payable to NSSA) **and a stamped addressed envelope.** Post to:

NSSA Membership  
Jays Cottage  
Caistor Lane  
Caistor St Edmund  
Norwich  
NR14 8QZ

For more information about NSSA please visit our website  
[www.nssa.co.uk](http://www.nssa.co.uk)

# Medical Details Form

<b>Medical Details of Applicant</b>	
Has the applicant been in contact with any infectious diseases within the last month?	Yes / No
<i>If yes, please state</i>	
Does the applicant suffer from asthma, chest complaint, migraine, fits or faints, bad period pains, travel sickness, diabetes, cardiac disease or any other illness?	Yes / No
<i>If yes, please state</i>	
Is the applicant receiving any medical treatment, or do they have any special needs?	Yes / No
<i>If yes, please state</i>	
Is the applicant's anti-tetanus injection up to date?	Yes / No
<i>If yes, please state</i>	
Does the applicant have any allergies?	Yes / No
<i>If yes, please state</i>	
Is there any further information that we should know or be aware of?	Yes / No
<i>If yes, please state</i>	
<i>If there are any subsequent changes to these details please notify the Senior Instructor on arrival at the Centre.</i>	
Date	Signature of applicant (over 18 only)

<b>Additional Consent for use of photographs (under 18 only)</b>	
From time to time the Association uses photographs of its courses and activities in its newsletter and may make these available to the local press. Do you consent to us using such photographs when they may include the person named in the Personal Details section above? YES/NO	
<b>Additional Consent for Minors (applicants under the age of 18)</b>	
As parent/guardian of the above named applicant, I hereby agree that they may attend the above course and that they shall, at all times, when attending NSSA courses and activities, be subject to the authority, guidance and discipline of the NSSA voluntary staff. In the event of an accident or illness which requires emergency treatment, I authorise any Doctor to grant the consent required by the hospital authorities if the delay required to obtain my own signature is considered inadvisable by the doctor concerned, or should I be unable to do so.	
Parent Signature	Print Name