



# Norfolk Schools Sailing Association

Registered Charity 1142627

## Membership and Course Booking 2019

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	
		Date of Birth	
Date of most recent qualifications and/or experience		COURSE NAME	
How did you hear of NSSA?			

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

<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>
<b>GDPR regulations 2018</b> : The above information, including the questions as to your health and ability, will be used by us to process your booking/membership and for attending to your safety whilst you are attending our courses. <b>To receive details of future courses and events, including a renewal for next year, you MUST tick here</b> <input type="checkbox"/>
Your data may be shared with the RYA if needed for issuing certificates. It will NOT be shared with any third party.
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 £50.00 (made payable to NSSA)

or Bacs 08 92 99 a/c 65547210 Ref : course applicant name

Post to: NSSA Membership, French Church Farm  
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)

Membership and Course confirmation will be sent out by email.

# Medical Details Form



Medical Details of Applicant	Name	
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 social media pages and may make these available to the local press. Do you consent to us using such photographs? No individual is identified by name without specific permission. 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	