



Booking Form

Name:

Address:

Phone Number:

Date of Birth:

Email:

Course Type & Dates:

Health - Are you, to best of your knowledge, fit to complete this course? Y /N

Do you suffer from epilepsy, disability, giddy spells, diabetes, deafness, heart disease, angina, asthma or similar ailment?
Please specify –

Are you on any form of medication (if none write none)?

This need not prevent you from taking part in our courses, but we need to know in advance)

Shore side contact, in case of emergency next of kin:

Name:

Contact Address:

Phone Number:

How did you find Ocean Sports Tuition? Google Ads, Google search, RYA, Recommendation, Other

Signature:

Date:

Please be advised that the RYA now keep records of your certification and details on line, as do Ocean Sports Tuition. Your information will NOT be passed onto to any third parties.