## **Booking Form**



Course Title:	Course Date:	
Title:		
Name:		
Address:		
Phone number:		
D.O.B:		
Email:		
Medical Declaration		
<ul> <li>Are you, to best of your knowledge, fit to complete this course? Y /N</li> <li>Do you suffer from epilepsy, disability, giddy spells, diabetes, deafness, heart disease, angina, asthma or similar ailment? Please specify –</li> <li>Are you on any form of medication? (if none write none)</li> <li>Do suffer from neck, knee or back issues? Y/N</li> </ul> (This need not prevent you from taking part in our courses, but we need to know in advance)		
Next of Kin Details		
Name: Rela	itionship:	
Phone Number:		
How did you find Ocean Sports Tuition? Google Ads, Google search, RYA, Recommendation, Facebook, Other		
Ocean Sports Tuition collects and stores personal data to not share your data with any organization other than w RYA's central database. This data allows the RYA to reconstitute they may hold for you, and to verify or replace your certithe RYA's privacy policy at <a href="https://www.rya.org.uk/go/privacy">www.rya.org.uk/go/privacy</a> OST may want to contact you with news or offers. You of	th the RYA. That data will be stored on the ord your qualification, to update any records difficate in the future if required. Please see	
	ate	

## Admin use only

Instructors: Please ensure the information below is filled in prior to leaving the classroom. These forms are then placed in course folder in the classroom for the duration of the course.

Name of boat	Name of instructor	Booking form complete?