

Please print information (especially e-mail address). Thank you.

NORFOLK BROADS YACHT CLUB			
STUDENTS FORM First Aid Course			
Date of Course		Cost: £	Payable to NBYC
Name of Course	RYA First Aid	Revalidating. YES / NO	(Delete as appropriate)
Personal details. (One applicant per sheet)			
First Name		Surname	
Male/Female			
Address			
		Post Code	
Telephone:	Home:	Mobile:	e-mail:
Signature of Student (if over 18) or Parent/Guardian of Student (if under 18)			Date

FILL IN MEDICAL DETAILS FORM AND RETURN TOGETHER WITH CHEQUE TO NBYC OFFICE. THANK YOU.
The Avenues, Wroxham, Norwich, NR12 8TS.

Please enclose a Cheque if revalidating to cover the cost of the manual (ask in the office for more details)

Medical history form

STUDENTS NAME:			
Do you suffer from any medical condition we should be aware of?	Yes/No	Details	
Are you having any medical treatment at present?	Yes/No	Details	
Is your anti-tetanus injection up to date?	Yes/No	Date	
Are you allergic to anything? Is a special diet is required. Please bring packed lunches.	Yes/No	Details	
NEXT OF KIN DETAILS (essential emergency contact information for course duration)			
Next of Kin: - Name			
Address			
Tel Nos:	Daytime	Evening	Mobile

MEDICAL CONSENT: I,give permission to the coaches participating in activities during the course to administer any relevant treatment or medication to the named participant, when/if necessary. I shall inform the organising body of any known conditions and medication requirements.

In addition, if the case arises, I authorise the members of staff to take myself/ son/daughter* to hospital and give full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that my next of kin/I* shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.

Signature Student (or the Parent / Guardian's* consent if under 18 years).....

Signature) *delete as applicable*