# C:\Users\Acer\Dropbox\01 CNM\CNM\CNM Logos\Logo.jpgCourse Booking Form

Please help us to process this form as quickly as possible by using BLOCK CAPITALS.

Fields highlighted in RED are required fields.

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| Section 1: About Your Course | | | | |
| Course Name: | RYA Powerboat Level 1 | | Student Number: | Office Use Only |
| Coastal / Inland: | Coastal | | Planing / Displacement: | Planing |
| Course Cost: | £150.00 Inc VAT | | Deposit Required: | £150.00 Inc VAT |
| Course Dates Requested: | |  | | |

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| Section 2: About You | | | | | | |
| Full Name Including Title: | | |  | | | |
| Address: |  | | | | Phone Number: |  |
|  | | | | | Mobile Number: |  |
|  | | | | | Postcode: |  |
| Email Address: | |  | | | | |
| Date of Birth: | | **/ /** | | RYA Membership Number: | |  |

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| Section 3: Health Declaration & Risk Statement | | | |
| *If you believe you may require special assistance or some form of reasonable adjustment to be able to take part in the course, please contact us to discuss your requirements. Having an existing medical condition or special requirement will not automatically prevent you taking part in RYA training courses.* | | | |
| *Please provide details of any medication, allergies or medical treatment being received (if none write ‘NONE’):*  *Note: This information is made available to your instructor should it be needed during the course. It is not used to assess your suitability for attendance.* | | | |
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| *Section 3b: Next of Kin Details* | | | |
| Full Name: |  | Relationship: |  |
| Telephone Number: |  | Mobile Number: |  |

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| Section 4: Agreement | | | |
| The above information including the questions as to your health and ability will be used by us to process your booking for the course and for attending to your safety whilst you are on one of our courses. If you would like to be added to our mailing list in order to receive details of future courses and events please tick here . You may opt out of receiving such details from us at any time by emailing info@chastheboat.co.uk.  Names and addresses of candidates for RYA courses will be shared with the RYA for the purposes of registering your certificate. Please tick here to agree . The data will not be shared with any third party for marketing or commercial purposes without first obtaining your explicit consent. | | | |
| Signed: |  | Parent/ Guardian Signature: | Required If the Candidate is under 16 |