

GRAFHAM WATER SAILABILITY

www.grafhamwatersailability.org.uk



MEMBERSHIP APPLICATION FORM

Please complete this Membership Application Form plus the Confidential Medical declaration overleaf. Bring it, with your subscription fee on your next visit to Grafham Water Sailability

Personal Details (Please Print)

Name

Address

Postcode

Home Tel'

Mobile Tel'

Email Address

Class of Membership Please circle the class you require

Full £30.00

Associate £1.00

Group £60.00

Full Membership is available to people with physical, mental or medical disabilities, wishing to sail at GWS. Please complete the Medical Declaration form overleaf.

Associate Membership. For helpers, carers and guardians. Regular helpers will be required to complete a D.B.S. form.

Group Membership. Mainly for groups of people with disabilities who enjoy sailing in our fully crewed Drascombe Longboat.

Your details, including medical information, will only be available to GWS personnel requiring it to carry out our duty of care for your health and safety. Details will not be disclosed to anyone outside Grafham Water Sailability except in a medical emergency.

All sailing at Grafham Water Sailability takes place under our Safety & Operating Procedures which are available to download from our web site at www.grafhamwatersailability.org.uk. On signing this application form you agree to abide by those procedures.

Applicant's Signature

Date

Gift Aid Declaration

If you are a UK taxpayer and sign below, Grafham Water Sailability can claim Gift Aid against your subscription fee. This scheme is operated by H.M. Revenue and Customs.

Title _____

Name _____

Signed _____

GRAFHAM WATER SAILABILITY

CONFIDENTIAL MEDICAL DECLARATION

Personal Details

Name

Date of Birth

Carers name
If Applicable

Emergency Contact Details

Name

Relationship To You

Daytime Phone

Evening Phone

Doctor's Name

Telephone

Medical Details

Are you a wheelchair user?

Yes / no

If yes, please advise of any assistance you may require whilst on G.W.S. site

Do you have learning difficulties?

Yes / no

If yes, please give brief details

Do you have Visual impairment

Yes / no

Hearing impairment Yes / NO

We want you to be safe and enjoy your visits to Grafham Water Sailability

It is your responsibility, to make us aware of any medical conditions that may put your health and safety at risk, while on the G.W.S. site. Please give details below.

Applicant's Signature

Date

Please Note; although all our Instructors and Safety crews are First Aid qualified, they ARE NOT permitted to administer medication