

# Bewl Water Canoeing Sailing & Windsurfing Course – Application Form

**Personal Details**

Surname: ..... Forename: ..... Date of Birth: .....  
 Address: ..... Post Code: .....  
 E-Mail: ..... Telephone Number: ..... Height: ..... Weight: .....  
 Group/Unit: ..... District/Division: ..... County: .....  
 Membership Position Held (*tick one*): Leader/Helper/Guide/Scout/Explorer/Ranger/Network      Guide Campers License held: (*tick*) Yes/No

**Emergency Details**

In addition to the following details, members of the Guide Association will need to bring a completed Health Form to the course

Name & Address of Doctor: .....

Any medical condition or special requirement needed (If Yes, please attach a letter giving details)? .....(*tick*) Yes/No

Contact person during course: Name: ..... Telephone: .....

**Experience**

BCU/RYA Qualification Held: .....

Details of Sailing Experience (*tick one*):    **None**                      **Can Crew Dinghy**                      **Helm in Light Wind**                      **Helm in Strong Wind**

Details of Canoeing Experience: .....

Details of Windsurfing Experience: .....

**Booking Details**

Course Applied for: **Number:** ..... **Date:** ..... Are you camping? ..... (*tick*) Yes/No

or **Saturday Dates** Applied for: .....

**Activity**(*tick one*): Kayak & Open Canoe, or Sailing or Windsurfing or Taster Weekend    BCU/RYA Award level to be assessed for: .....

Are you bringing an approved, registered & insured canoe (with paddle, spray deck & buoyancy aid)? ..... (*tick*) Yes/No

Do you want to borrow a wetsuit -*only available during windsurfing sessions*? ..... (*tick*) Yes/No

I enclose: full course fee £.....;                      Camping Fee £.....;                      Late booking Fee £.....;                      Total Amount £.....  
*Course fee is not refundable, other fees are.*

**Cheques made payable to “Bewl Water Scout & Guide Committee”.**

Any surplus or deficit relating to this event will be put into or taken from Bewl Water Scout & Guide Committee Funds.

I confirm that I/my child can swim at least 50 metres in light clothing and that all personally owned equipment is my responsibility.  
 I give permission for personal photographs to be taken or e-mails to be sent to the above e-mail address to help publicise future courses.  
 I give permission for personal/sensitive data contained on this form to be recorded and used to administer our courses.

Print Name: ..... Signed: ..... Date: .....

**Application to be approved by Scouter/Guider**

In the case of a Guide under fourteen, I have consulted my D.C. in accordance with the Guiding Manual, paragraph 25.21, and shall accompany her on the course. In the case of a Scout under fourteen, an adult shall accompany them on the course.

Scouter/Guider e-mail address: .....

Print Name: ..... Signed: ..... Date: .....

**Parent’s or Guardian’s Consent (for those under 18 years)**

I am willing that ..... (print name) should attend this course. I understand that the Course leader reserves the right to send any participants home if necessary. If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leaders on the Course to sign any document required by the hospital authorities.

Print Name: ..... Signed: ..... (parent/guardian) Date: .....

Note: The medical profession takes the view that the parents consent to medical treatment cannot be delegated. This is explicit in the Child Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on parents signing the statement above. However, it can be comfort to the medical staff to have general consent in advance from parents or have a Leader on hand able to sign forms required by medical authorities.

Completed applications & cheques should be sent to the Booking Secretary (**enclosing a Stamped Addressed Envelope**):  
 Michael Marks, 2 St Lawrence Avenue, Bidborough, Tunbridge Wells, Kent. TN4 0XB      Tel: 01892 542233