

Attendees Name:			
Course attending:			
Attendees Dates:	From:		To:
Name of Emergency Contact NOT on course:			Contact No.

Have you ever had any of the following:	Please circle / delete
Asthma or bronchitis:	Yes / No
Heart condition:	Yes / No
Fits, fainting, dizzy spells, blackouts:	Yes / No
Severe headaches:	Yes / No
Diabetes:	Yes / No
Epilepsy:	Yes / No
Allergies to any known drug:	Yes / No
Any other allergies: (material, food etc.)	Yes / No
Back / Neck injury or condition:	Yes / No
Have you been given any specific medical advice to follow in an emergency?	Yes / No
Are you receiving medical or surgical treatment at this time	Yes / No
Do you have any other illness or disability we should know about?:	Yes / No
If your answer to any of these questions is YES or you feel there is anything in your medical history that we should know about, then please give us the details below including any dosage of medicine or tablets, below:	
Comments:	
Vaccinations	Please circle / delete
Have you received a vaccination against Tetanus in the last 5 years?	Yes / No
I can swim 50 metres: Confidently <input type="checkbox"/> Moderately <input type="checkbox"/> Weak <input type="checkbox"/> Not at all <input type="checkbox"/>	

- If the answer to any of the medical questions is YES, it will not necessarily affect your ability to participate. This information is required only to inform your instructor / skipper of any managed medical problem that you may have.
- The information contained on this sheet will be treated in the strictest confidence.
- This event is not to be joined by anyone who has consumed alcohol or taken intoxicating drugs

For anyone joining one of our Powerboat courses – please read below carefully

- Whilst on board a boat, particularly a Powerboat, you may be subjected to significant shock loads should the boat land heavily. The instructor / skipper will mitigate this shock as much as possible by reducing speed and direction as much as possible.
- This training / charter may not be suitable for those who have neck, back, hip knee or foot problems or are pregnant.
- We strongly recommend using the correct posture that will be demonstrated in the safety briefing to help absorb shock forces.

I declare that I have read and understand the information in this document, and, to the best of my knowledge, I am fit to participate in the event.

- I understand that failure to disclose any existing medical or physiological condition may preclude any future claim for loss or injury as a result of the event.
- **I confirm that I will advise the skipper / Instructor if I have not received or understood the Safety Brief.**

Signature:		Date:	
Name:			

C-MASTERS cannot be held responsible for activities / incidents outside our control.