


# BOOKING FORM: TRAINING

<b>Personal details</b> name: ..... date of birth: ..... address: ..... age: ..... ..... tel (home): ..... ..... tel (work): ..... email: .....	<div style="text-align: right;">  </div> <b>REF:</b> ..... <b>INV#:</b> ..... <b>bkd:</b> ...../...../..... <b>pd:</b> ...../...../.....
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<b>Training required - please contact us for guidance</b> title: ..... start date: ..... location: ..... price: ..... <i>(cheques payable to : The London Powerboat School)</i> NOTES: .....	<b>Emergency Contact</b> name: ..... address: ..... ..... postcode: ..... tel (home): ..... tel (work): ..... tel (mobile): .....
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<b>Qualifications - please indicate if you hold any of the following...</b>		
<b>powerboating</b> <input type="checkbox"/> RYA level 2 / ICC <input type="checkbox"/> RYA safety boat <input type="checkbox"/> RYA advanced <input type="checkbox"/> IMO FRC workboat <input type="checkbox"/> other .....	<b>marine</b> <input type="checkbox"/> RYA day skipper <input type="checkbox"/> RYA yachtmaster <input type="checkbox"/> RYA SRC radio <input type="checkbox"/> STCW certificate(s) <input type="checkbox"/> other .....	<b>diving / first aid</b> <input type="checkbox"/> BSAC ..... <input type="checkbox"/> PADI ..... <input type="checkbox"/> HSE ..... <input type="checkbox"/> other ..... <input type="checkbox"/> HSE first aid or similar

<b>Medical statement</b> I declare that: 1 To the best of my knowledge I have never suffered from the following conditions which may create or lead to a dangerous situation during my participation on a London Powerboat School course: back injury, epilepsy, fits, severe head injury, recurrent fainting, giddiness / blackouts, unusually high blood pressure, coronary heart disease. 2 In the event of my contracting or suspecting any of the above conditions or any other physical or mental conditions which may endanger myself or others during participation on a London Powerboat School course, I will immediately notify representatives of The London Powerboat School and will cease to participate until I have obtained medical opinion and authority to resume participation. 3 I am fit to attend the above course. I accept that I will be participating in potentially hazardous activities that involve a certain element of risk.
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<b>Swimming statement</b> I declare that I am competent and confident in water and can swim a distance of 100 metres in light clothing
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<b>AGREEMENT</b> I, (full name)..... hereby confirm that I have read the document entitled " <b>London Powerboat School: Booking Conditions</b> " and this document and agree with the medical and swimming statements. If this application is accepted I agree to abide by such regulations as The London Powerboat School or its representatives may consider it advisable to make, in order to secure the safety and comfort of those taking part in their courses. I understand that if I withdraw within 14 days of the start of the course for whatever reason, I am liable for 100% of the full fee. The London Powerboat School reserve the right to cancel any course before it commences however every effort will be made to ensure courses operate. <b>Signed:</b> ..... <b>Date:</b> .....
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<b>Confidentiality:</b> We will not disclose any information on this form to third parties, except to relevant services / next of kin in the case of emergency.
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