

Blessington Sailing Club Junior Sail Training Courses

APPLICANTS'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PARENT'S DAYTIME TELEPHONE NUMBER *(In case of emergency)*: _____

CLASS OF MEMBERSHIP:	
Child of a Family Member	<input type="checkbox"/>
An existing Junior Member	<input type="checkbox"/>
A friend of a Junior Member	<input type="checkbox"/>

I.S.A. STAGES PASSED <i>(Please tick)</i>			
1 st	<input type="checkbox"/>	3 rd	<input type="checkbox"/>
2 nd	<input type="checkbox"/>	4 th	<input type="checkbox"/>

I WISH TO APPLY FOR A PLACE ON *(please tick your selection)*

ISA STAGE:			€	
Level 1	2 week course	4 July – 15 July	180	<input type="checkbox"/>
	Optional 3 rd week	18 July – 22 July	90	<input type="checkbox"/>
Level 2	2 week course	4 July – 15 July	180	<input type="checkbox"/>
	Optional 3 rd week	18 July – 22 July	90	<input type="checkbox"/>
Level 3	3 week course	4 July – 22 July	270	<input type="checkbox"/>
Level 4 (Racing Skills)	3 week course	4 July – 22 July	270	<input type="checkbox"/>

<p>CLASS OF BOAT: _____ <i>(Leave blank if intending to buy a boat)</i></p> <p>SAIL NO: _____</p>

<p>INSURANCE COMPANY: _____</p> <p>POLICY NO: _____</p>

DECLARATION to be signed by the Parent or Guardian

I wish my child to enter for a Junior Sail Training Course. I agree to abide by the decisions of the committee in matters relating to the course. I have no objection to the boat being used under proper supervision for the purpose of the course. I further agree to waive any claim against **Blessington Sailing Club**, its members and servants, for any loss or damage to my property or my child's property or for any personal injury to me or to my child arising from the course.

Signature: _____

Forms to be returned ONLY to **Peter Dolan, Junior Organiser, 8 Templeroan Crescent, Dublin 16**, together with a non-refundable deposit of **€30 per child**, with the balance to be paid **before 28 May 2005**. Places will be allotted on a "first come – first served" basis.