



## **VISITOR/CARER GOING AFLOAT**

## **Information**

We are pleased that you want to take the opportunity to go afloat as a visitor or carer during an organised Frensham Pond Sailability (FPS) session. We want to ensure that you have an enjoyable and safe time with us. Please can you complete the short form below and hand in to the Welcome Desk

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Visitor/Carer Details			
Full Name			
Known as	:		
Home or			
Organisati Address	ion		
Address			
Telephone			
Mobile Pho	one		
EMERGEN	CY Name		
CONTACT			
DETAILS	Relationship to Visitor/Carer		
	Telephone Number		
Have you sailed before?		YES / NO	
If YES, Where:			
What type of boat:			
Can you swim?		YES / NO	
Consent			
	to any photographs/videos taken	by FPS being used in	Yes / No
newsletters and other communications			163 / 140
Declaration			
I recognise that there is always an element of risk in active sports such as sailing and that I			
am going afloat entirely at my own risk.			
I confirm that I will comply with all instructions given by the Duty Sailing Master and/or			
approved Sailability Helpers.			
Signed:		Date:	
If completing form electronically, please type name to confirm			
Consent and Declaration above  N.B. If the sailor is under 18 or is unable to sign due to disability, a Parent, Guardian			
or Carer must sign on his/her behalf.			
Places state if you are signing as a Parent/Guardian/Carer:			

