



Westlakes Windsurfing School - Application and Medical form

Name.....

Address.....

Phone.....Mobile.....

Email address.....

Emergency contact.....Phone.....

Course undertaken (Circle)

Beginner

level 1

Level 2

Intermediate

Medical Information

Do you have any medical conditions or issues that Westlakes Windsurfing School should be aware of before the 'On water sessions'? If so please give details below (Asthma, Epilepsy, Allergies etc.)

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Disclaimer

I understand and accept the risks involved with sailing at this location and declare that I am currently fit and able to take part in the on water sessions. I have given accurate medical information above as required.

Signed..... Parent/Guardian..... Date .../.../...



Matt Stringer
Ph 0417 8588 641