

GRAFHAM WATER SAILABILITY

www.grafhamwatersailability.org.uk



MEMBERSHIP APPLICATION FORM 2018

Please complete this Membership Application Form and the Confidential Medical Form overleaf and bring it with your subscription fee when you next come to Grafham Water Sailability.

Personal Details

Name

Address

Postcode

Home Telephone

Mobile

Email Address

Class of Membership

Please circle the class requested

Full £30.00

Associate £1.00

Group £60.00

Full Membership is available to people with a physical or learning disability who wish to sail with GWS. Please complete the Medical Details form overleaf.

Associate Membership is for helpers and carers. Regular helpers will be required to fill out a DBS form.

Group Membership is for small groups of disabled people who will sail in our Drascombe Longboat.

I have been made aware of the Grafham Water Sailability Data Privacy Policy and understand that it is posted on the club website www.grafhamwatersailability.org.uk and that a hard copy is available in the clubhouse.

Please tick the box.

All sailing at Grafham Water Sailability takes place under our Safety & Operating Procedures which are available to download from our web site at www.grafhamwatersailability.org.uk. All applicants agree to abide by these SOPs and all instructions given by GWS instructors, trustees or supervisors by signing this application form which will be considered by the trustees.

Applicant's Signature

Date

Gift Aid Declaration

If you are a UK taxpayer your membership subscription will be worth more to Grafham Water Sailability with Gift Aid, which is a scheme operated by HMRC. Please sign below to confirm you are a UK tax payer and would like GWS to reclaim Gift Aid on your subscription and any other donations made by you.

Title: Full Name:

Address:

Post Code:

Signed:

GRAFHAM WATER SAILABILITY

CONFIDENTIAL MEDICAL INFORMATION

Personal Details

Name Date of Birth

Carer's Name
If Applicable

Emergency Contact Details

Name Relationship To You

Daytime Phone Evening Phone

Doctor's Name Telephone

Medical Details

What are your disabilities or medical conditions?

Please give us all the information we need to make your sailing and visits at Grafham Water Sailability safe and enjoyable.
Continue on a separate sheet if necessary.

Are you a wheelchair user?
We will assess what help you may
require getting into our boats

Do you have learning disabilities?
Please give details

Do you have Visual Impairment?
Please give details.

Do you have Hearing Impairment?
Please give details.

Assistance Dogs: Would you bring an assistance dog to GWS?
No other dogs are allowed on our site.

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I understand that GWS Instructors and Safety Crews are First Aid trained but they are NOT allowed to administer medication.

Applicant's Signature

Date