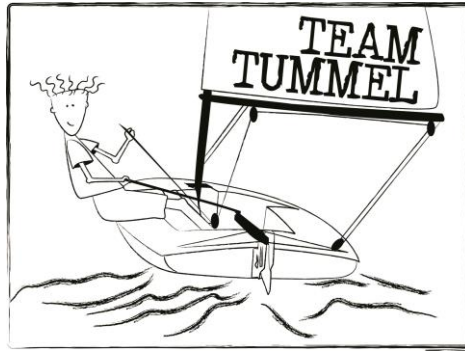


Team Tummel Camp



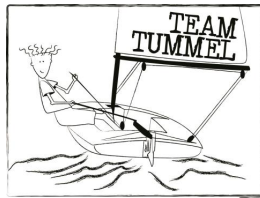
**Friday 6th to Sunday 8th July
2018**

**This camp is for all junior club members
whatever age or experience.**

All levels will be catered for and it will be great fun!

**Cost is £25
(applications close on the 22th of June)**

Application attached



Team Tummel CAMP APPLICATION FORM 2018

Cost £25 per child (no application will be taken after 22 June to allow planning for boats and instructors)

Name:.....(Capitals please)

Address:.....

.....

..... Postcode:.....

Telephone contact:.....

Parent/ guardian mobile contact:.....

Age:..... Boat:.....

Are you sailing singlehanded or with someone else Single/Double

If double who will you sail with.....

Sail number:.....

RYA qualification already gained:.....

Will a parent/ guardian be attending? Yes No

If not, who will be your child's guardian:.....

If yes, are you guardian to another child? Yes No

If so, who:

.....

PLEASE SEE OVERLEAF – APPLICATION FORM CONTINUES

Please list any medical conditions here:

.....

Please list any special requirements here:

.....

*I understand that I am required to help out with tasks around the clubhouse

**Total payment enclosed (made payable to Loch Tummel Sailing Club) or bacs payment to
LTSC 80 09 41 00488638**

£.....

Disclaimer Although all reasonable steps will be taken to ensure the safety of the sailors taking part, Loch Tummel SC and the coaches of the event will accept no responsibility for any injury, damage or loss, however caused.

Declaration* if other relationship please state

I agree to my son/daughter* participating in the stated activity.

I consider that my son/daughter* is in good health and capable of taking part in this activity.

I acknowledge the requirement for my son/daughters* obedience and responsible behaviour during this activity.

I agree to my son/daughter* being filmed or photographed with the possibility that these photographs/recordings may be used for publications and publicity.

In the event of an emergency I consent to any emergency medical/dental treatment that my son/daughter* may require prior to my arrival

I acknowledge that it is my responsibility to ensure my son/daughter* is provided with the necessary items to complete this activity eg sufficient food, water, protective sunscreen, warm clothing etc

Signature: _____

Date: _____

Print Name: _____

Thank you for your time and co-operation

Please return form and payment to: Angie Sword