



Name of Event:

Name of crew member:

Medical Information

Please detail below any existing medical condition you may have (if none write none) and details of any medication you are taking, or indeed anything you feel we should be aware of: (Fairview has not arranged you insurance)

I declare to the best of my knowledge that I am not suffering from epilepsy, disability, asthma, diabetes, dizzy spells, angina or any other heart condition and I am fit to participate in UK sailing and/or UK racing.

Signature:

Date: / /

Important: If you suffer from any of the above conditions it will not necessarily prevent you from taking part in the sailing; however it is important that we are aware of crew members' medical history and any potential problems. If you are unsure of your fitness please ask your GP for advice. If you are aged 65+ please note this on the form.

Emergency Contact Details

Next of kin:

NOK Telephone number:

Dietary Requirements

Please specify below any special dietary requirements you may have (if none write none)

All forms to be filled in, signed and handed to the Fairview Sailing office before departure
ENSURE TO INFORM YOUR SKIPPER OF ANY MEDICAL ISSUES HE SHOULD BE AWARE OF