Fife Sailability

Scottish Charitable Incorporated Organisation no: SC045577

Membership Form 2021

As a responsible organisation we have to make every effort to ensure the safety of all that take part in our sailing activities. This includes BOTH sailors and helpers. It is very important that we have full information about you to enable us to take the correct action in an emergency (for example - prescribed drugs). If you are unsure about the answer to any question, please ask us to help.

Title: Forename: Surname:

Address:

Postcode:

Preferred phone number (in event of cancellation)

Email address / Carers email address

Type of Membership: Full: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Helper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (if under 18):

Briefly describe any previous sailing or power boat experience. Please list any RYA Qualifications:



List any other relevant experience/training (Health, Safety, Disability Awareness, etc.):

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Can you swim?

**INFORMATION REQUIRED IN CASE OF EMERGENCY ONLY:**

Next of Kin:

Address:

Telephone No.

P.T.O.

**We need information about general mobility in order to ensure appropriate access and** handling equipment is available. It is important to remember that Fife Sailability operates a **NO PHYSICAL LIFTING POLICY** in accordance with current regulations.

**MOBILITY** (Please tick the relevant box)

Full ambulant: Can Transfer: Cannot Transfer:

Mobile only in a wheelchair: Wheelchair user but can walk short distances:

Use Electric wheelchair: Use Manual Wheelchair:

**VISUAL IMPAIRMENT** (Please tick the relevant box)

**B1** Totally Blind: **B2** Can discern Light and Shapes:

**B3** Some Useful Vision: Normal vision:

**DEAF**

Please state percentage of remaining hearing:

Do you sign or lip read:

Which sign language do you use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION**

Please give details of any illness (e.g. Asthma, Epilepsy), allergies and all medication:

I DO AGREE for Pictures of ME to be used by the Club for promotion use only.

( Delete to suit your preference )

This form was completed on date: \*\*\*\*\*\*\*\*\*\*\*\*\*\*\* and I undertake to inform you of any change of circumstance, which may affect my safety when participating in any organised sailing activity.

I have read and understood the accompanying notes and agree to abide by them.

Signed: (Guardian/Parent if Under 18)

Please return this form with your membership subscription payment to:

Hon. Treasurer, Mark Bishopp 119 Tippet Knowes Road Winchburgh Broxburn EH52 6VN

Email: [fife.sailability@gmail.com](mailto:fife.sailability@gmail.com)

Subscription for 2021: Sailing member adult £75 / junior (under 21) £35 TBC

Non sailing member / Volunteer £5 Cheques should be made payable to - Fife Sailability

BACS payments to – 826219 / 40494226. Reference: your name