



Safety Boat Course Application Form

A) I the undersigned understand that I attend this course with the full knowledge that the club and its staff shall not be under any liability in the event of any injuries. I also understand that riding a powerboat can be dangerous and liable to injury if I am not entirely fit and healthy. If you have any disabilities or health related issues that may affect your ability to fully participate in the course, you are strongly advised to bring this to the attention of your instructor.

The club (Dhekelia Sailing Club) and its Officials bear no liability for any injuries sustained during the course.

You will be required to carry out a 50 metre swimming test unless you have a certificate to that effect or have previously done one at DSC.

Fees :- Please see price list Page 4 Min age limit 18

Members have priority over non-members

A non-returnable deposit of €25.00 is required with each application

Please make cheques payable to Central Bank Dhekelia Support Unit

Applications will not be accepted without a deposit.

After completing this form, applicants should hand it to a club officer and obtain a signature for the deposit at the bottom of the page.

Please fully complete the second page in clear lettering.

Courses are normally held at weekends. If you would like any further information about training at the club, please contact the Principal or any club instructor.

The course dates can be found on the club notice boards and on the club website www.dhekeliasailing.com

Please place your preferred course dates below.

Preferred course dates-----

You will be notified of your acceptance for that course, but you will still be required to confirm or deny your availability, ***in the event of you not replying***, your name will be removed from the applicants list and your deposit will be forfeited.

Chris Dodds

Chief Instructor

Tel: Mob: 99795832

email: training@dhekeliasailing.com

I _____ received the sum of €25.00 from _____

in respect of a deposit for a Powerboat Course.

Signature. _____

Position at DSC. _____

Date. _____

This page to be retained by the applicant

Safety Boat Course

Applicants Details

Applicants Name _____ Rank/Title _____ E-Mail _____

Preferred course dates. _____

Address _____

Tel Number Home _____ Work _____ Mobile _____

Member Yes/No _____

Date joined DSC _____ **Date due to leave Cyprus** _____ **Entitled Yes/No**

Disclaimer

Details of any medical treatment being received (if none, write none): _____

I declare that to the best of my knowledge, I am not suffering from epilepsy, disability, giddy spells, asthma, diabetes, angina or other heart condition, and I am fit to participate in the course.
I have read and understood the disclaimer at (A) above.

Signature _____ Date _____

Next of Kin details

Name _____ Address _____

_____ Relationship _____

Tel No _____ Email _____

Club Official

Amount Received _____

Received by (Name) _____ **Received by (Signature)** _____

Page 2 is to be fully completed and retained by a club Official for handing to the Chief Instructor along with the deposit.