

WEDNESDAY JUNIOR SAILING
Adult Helpers Details Form 2011

(Please complete using block CAPITALS)

*It would help us
if you could
attach a passport
sized photo for
WJS Helpers
use only.*

Name: _____

Address: _____

_____ Post Code: _____

Tel: Home: _____ Work: _____

Email: _____ Mobile: _____

Name(s) of participating children: _____

Next of Kin Details

Name: _____

Address: _____

_____ Post Code: _____

Tel: Home: _____ Work: _____

Email: _____ Mobile: _____

Health/Medical Declaration (important in case first aid required)

Please give details of known health problems, significant medication. If none write "Nil"

I confirm that I am aware of/ have read the contents of the Junior Sailing Safety Policy.

Signed: _____ Date: _____

Schools Helpers Section

Are you a teacher or responsible adult accompanying a WJS group? Yes No

Would you be interested in helping with Wednesday Junior Sailing outside of term time? Yes No

Would you be interested in gaining a qualification to drive a RIB or becoming a dinghy-instructor or assistant instructor? Yes No