

Grafham Water Sailability Limited

c/o Grafham Water Centre
Chichester Way
Perry, Huntingdon
PE28 0GW



Web: www.grafhamwatersailability.com
Email: grafsailability@gmail.com

Full Membership Application Form 2023

Please complete this Membership Application Form and the Confidential Medical Form, on the reverse, and bring it with your subscription fee (£35 for existing members, £40 new members), when you next come to Grafham Water Sailability (GWS). Please print clearly. If you wish to make an additional donation (voluntary) the Club would be very grateful.

I wish to apply for membership of Grafham Water Sailability (GWS). I agree to be bound by all rules and bylaws and will familiarise myself regularly with, and follow, the GWS Safety and Operating Procedures, a copy of which is available in the cabin. For my safety and that of other sailors, volunteers and water users, I will keep the Club informed of any special requirements I have or any further changes in my condition.

Full Membership is available to those with any physical or learning disability who wish to sail with GWS.

Family name:..... **First name:**.....

Address:

Post code: **Phone Number:**

Email:

Next of Kin/Carer/Contact in event of emergency:

Contact mobile No.

I permit GWS to store my information and to contact me by email. (Note that GWS will not share your information with any third party).

Yes No

If you do not wish your telephone number to be released to anybody, please tick

Signature: **Date:**

Grafham Water Sailability – Confidential Medical Form 2023

Please complete this form in order that we may safely take you on the water

Name: Date of Birth:

Details of your main Medical Condition:

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.....

Are you a wheelchair user: Yes No

What assistance would you require from a helper:

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Are you confident in water? Yes No

Medical Details:

Do you suffer from epilepsy, fits or blackouts:

If yes, please give details of known triggers, warnings, frequency, severity, normal duration, medication and what action we should take:

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Do you have any other medical conditions: E.g. asthma, diabetes, etc.

If yes, please give full details and what action we should take:

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Do you have Hepatitis Yes / No (please delete as applicable)

List any allergies or conditions that may affect you whilst sailing:

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Please remember that our helpers cannot take people to the toilet, nor are they allowed to lift anyone. The instructors are all first-aiders, they are not paramedics.

Signature: Date: