

Pretty Sailing Health Declaration Form

Participant Information:

Full Name: _____

Date of Birth: _____

Course Name: _____

Course Date: _____

Health Information:

Please tick Yes or No for the following:

Do you have any medical conditions we should be aware of?

☐ Yes ☐ No

If yes, please provide details: _____

Are you taking any medication?

☐ Yes ☐ No

If yes, please specify: _____

Do you have any allergies?

☐ Yes ☐ No

If yes, please list: _____

Are you able to swim 50 meters unaided?

☐ Yes ☐ No

Emergency Contact Information:

Name: _____

Phone Number: _____

Declaration:

I confirm that the information provided is accurate and that I am fit to participate in sailing activities.

Participant Signature: _____

Date: _____