



# Harlow (Blackwater) Sailing Club

## Temporary Membership Registration



Name			
Email*			
Address			
		Postcode	
<b>Contact in case of Emergency</b>			
Name		Phone No.	

### Medical Fitness Declaration

By signing this form, I confirm that I am fit and able to participate in water sports activities and I have not been advised against physical activity by a doctor.

Please give any medical details or conditions we should be aware of:

### Accident Liability Declaration

I accept that any activity and tuition is undertaken at my own risk and that Harlow (Blackwater) Sailing Club, its members and visitors, will not in any way be held responsible for any personal injury resulting from use of the premises, equipment and facilities provided by the Club and its members.

Agreed (by parent/guardian if under 18 or responsible adult where necessary):

Signed:..... Name:.....

Date:

\* Your email address is optional. By providing this information, you agree to receiving occasional promotional messages from Harlow (Blackwater) Sailing Club. You may opt out at any time. Your information will never be shared with any third parties.