



# Twickenham Yacht Club



Course \_\_\_\_\_ Instructor in charge \_\_\_\_\_

By signing below, you are indicating that you know of no relevant medical problems or conditions which have not already been recorded on your application form or otherwise communicated to the instructor in charge. All instructors & students must sign at the start of every session..

Date	Name	Next of kin Name & relationship	Next of kin Contact telephone number	Signature - Please read above before signing

Please return completed form to Training File