

South West regional training

2008/2009

- **Five weekends training with Skandia Team GBR Olympic Development Squad Sailor: Rosie Chapman**
- **Assisted by ex National and International Sailors**
- **Only £65 a weekend - limited numbers for improved coach:sailor ratio**
- **Pre-booking essential, coaching for all rigs, ability and ages**
- **EVERYONES welcome! Coached at all levels, from beginners to Olympic hopefuls!**

For further details contact:

Rosie Chapman

Email: rosail41@msn.com

Phone: 07849302212

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Full Name: _____

Address: _____

_____ Post Code: _____

Email: _____

Contact Tel. / Mobile number on the weekends: _____

Sailing Standard / Radial / 4.7 (circle as necessary)

Sail No.: _____ UKLA Membership No: _____

Member of the following sailing clubs: _____

Weekends attending (please tick the box):

October 18/19	Mayflower sailing club	<input type="checkbox"/>
November 22/23	Chew Valley sailing Club	<input type="checkbox"/>
January 17/18	Mayflower Sailing Club	<input type="checkbox"/>
February 7/8	Roadford Lake Sailing Club	<input type="checkbox"/>

Declaration (please read carefully before signing)

By signing this application form (or parent / guardian signing on behalf of a participant under nineteen years old) applicants accept sole responsibility for themselves / their children whether ashore or afloat.

Patrol boats will be provided, but this in no way limits the responsibility of the participants /parents or guardians to ensure the sailor and boat can be safety launched / sailed / recovered in the conditions of the day.

Sailors may be prevented from going afloat if coaches deem they or their equipment (including clothing and buoyancy) are not adequate for the prevailing or expected conditions.

Nothing done by the host club or the UKLA Coaches diminishes the participant's total responsibility.

During the course of top quality coaching, video footage is extensively used. By agreeing to be coached the participant also agrees to be filmed for the purposes of training and to allow others participating in the training to see said footage.

Signed (participant or responsible adult) _____ Date ____ / ____ / ____

If signing as a Responsible Adult please state relationship to Participant

Please return completed application form together with a cheque for £65 per weekend made payable to: Rosie Chapman, Log Cabin, Trencrom, Hayle, Cornwall, TR27 6NP

You will be confirmed by email (please write your address extremely clearly!). Once signed up for the training no refund will be given unless the weekend is cancelled.