



2009 ADULT USER & SEASON TICKET APPLICATION

Name: _____

Address: _____

Home telephone: _____ Mobile No. _____

Email: _____

(Note: This is for receiving newsletters and updates from WBB)

Swimming Ability: _____ (in metres)

Emergency Contacts

Name: _____

Telephones: _____

Medical problems/ Allergies: _____

I, the undersigned, intend to be a user of the facilities of Westminster Boating Base and hereby supply personal details as requested for the Base's records.

I understand that the signing of this form signifies that the applicant:

- Can swim 25 metres in a buoyancy aid and light clothing. Some people may be exempt from this requirement but everybody must be confident in and about water
- Is physically fit to take part in this activity, and suffers from no medical complaint other than those specified below (It is vital that the Base is informed of if the applicant is taking medication or drugs, or has an allergy to any drugs).
- Understands that no responsibility can be accepted for items lost or stolen, unless they are handed to a responsible person for safekeeping.

Signature: _____

Date: _____

Participants *must* arrive with a complete change of clothing suitable for the weather at the time, including soft-soled shoes and a towel. *Nobody* will be allowed on the water otherwise.

FOR OFFICE USE:

Sessional User [] Season Ticket [] Fee Paid _____ Expiry Date []