

## Laburnum Boat Club

### Youth Watersports Training Project

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#### Enrolment Form

Name:

Address:

Email address:

Telephone no. (hm):

(mobile):

Date of Birth:

What do you consider your ethnic origin to be?:

Can you swim 25m? Yes / No

Do you have any medical conditions or disabilities that you think we should know about or that may affect your ability to carry out relevant activities (i.e. asthma, visual impairment, diabetes etc.):

Please give details of your education to date (i.e. last school or college attended, including name, address and grades):

Do you have any other relevant qualifications (i.e. first aid, BCU, RYA or other sports or youth work certificates):

Do you have any watersports experience? Please give details, including Awards gained, leadership experience and time lapsed since last experience:

What are your plans for the future (i.e. academic, watersports, carer aspirations)?:

Please outline your expectations of the course and what you wish to gain from it:

Signed:

Date: