

**We are based at Mylor Yacht Harbour, near Falmouth at Windsport. We are a National Training Centre for both Wing Surf / Wing Foiling.**

**Please complete & bring this form with you**

Course attending: **Wing Surf – Wing Foil 1 – Wing Foil 2**

**Are you looking for 1:2:1 or Group 2: 1**

Date:.....

Name:.....

Address:.....

.....POSTCODE.....

Tel:.....

E-mail:.....

Contact person in case of emergency: .....

Tel: .....

Can You Swim 50 metres? .....

Where did you hear about us?.....

**Watersports are potentially dangerous sports which, if not practiced safely and properly according to all areas of instruction given can lead to serious injury or death. It involves physical exertion and can leave people with muscle aches.**

Our Booking policy is a flexible one to accommodate the effects of weather. We cannot however take any responsibility for lack of wind/adverse conditions, and do not refund monies due to this factor alone. All efforts are always taken to book persons in for future days, as well as offer alternative activities more suited to the circumstances.

**Windsport Information Form**

Have done any other watersports?.....

.....

What do you want to achieve from your course?

.....

## **Medical history**

- Do you have any current relevant injuries? ..... -  
Did you have any injuries previously? .....

-Do you suffer from epilepsy?  
..... -

Do you have diabetes?  
..... -

Do you have any heart conditions?  
..... -

Do you have any back conditions?  
..... -

Do you have any other medical conditions that you think we should know about?  
.....  
..... -

Do you suffer from any allergies?  
..... -

Do you suffer from asthma?  
..... -

Have you been advised by a GP/Consultant to avoid any type of exercise at any time?  
.....  
.....

I hereby confirm that all information stated above and overleaf is accurate to the best of my ability. I confirm that I have read and understand all information given on this form. I understand that thorough and honest responses to these questions are essential for my safety. I undertake to inform my instructor of any changes to the above information.

Client  
signature.....Date.....

### **Booking Information –(. Office Use)**

Instructor - .....

Date of Course : ..... Time: Morning. / Afternoon

1:2:1. / 2:1

Kit: Wing Surf. /. Wing. Foil