

Safety Questionnaire

Please complete the form and return it to _____ as soon as possible and no later than _____

Name		DOB		Age		Male/Female
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Pupil Details:

1 - No sailing experience	2 - Limited sailing experience	3 - Some sailing experience
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Please use the space below to provide further information regarding sailing experience if required

Swimming Ability:

1 - Non swimmer	2 - Weak swimmer (up to 50m)	3 - Competent swimmer (50m+)
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Please use the space below to provide further information regarding swimming ability if required

Dietary Requirements:

1 - None	2 - Vegetarian *	3 - Special **
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Please use the space below to provide further information regarding dietary requirements (NOT likes or dislikes please!)

* for vegetarians please specify if eggs, cheese etc are acceptable

** for special diets please give as much information as possible; where a diet is particularly restrictive it would be helpful if you could provide a sample menu plan and it may be advisable to pack specialist foodstuffs for the trip as these may not be readily available eg gluten- or dairy-free diets
