

SAFETY QUESTIONNAIRE



Please complete the form and return it to _____ 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 (please note this is only required where the group will be taking part in the sailing course.)

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 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.
