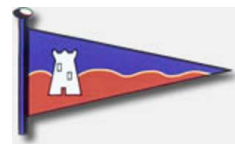


Great Yarmouth & Gorleston Sailing Club



Day Membership Form

www.gygsc.org.uk

Great Yarmouth & Gorleston Sailing Club, Harbour Mouth, Gorleston on Sea, Norfolk, NR31 6PL

Class of boat _____

Sail No. _____

Helm Name _____

Date of Birth (if under 18) _____

Address _____

Tel No. _____ Email _____

Sailing Club _____

Crew Name _____

Date of Birth (if under 18) _____

Please complete separate form if crew is under 18.

As a temporary member of GYGSC I accept and confirm that:-

- 1) I shall rely on my own care, skill and judgement in deciding whether and in what circumstances to sail on the Sea, or allow my boat to be sailed on the Sea and in using the Club's premises or any of its facilities or equipment.
- 2) I have valid Third Party Liability insurance covering my boat or any boat used by me providing cover of at least £3 million in respect of Third Party claims.
- 3) I will exercise all necessary care, control and supervision over any child or minor who accompanies me or uses the Club or any of its facilities or equipment.
- 4) I will protect and safeguard my property and will not hold the Club or its officers and members liable for any loss or damage thereto occasioned by the negligence of the Club or its officers or members.
- 5) I shall abide by the Club's Rules and Constitution which are displayed in the Clubhouse.

Signature _____ Date _____ Fee Paid _____

Parent or Guardian Declaration (required if either helm/crew is under 18)

Under law, this helm is my dependent and I accept the statements above, I confirm that my dependent is competent to take part and I am responsible for my dependent throughout the event. During the time my dependent is afloat I will be around the venue that is hosting the event.

Signed _____

Name _____

Address _____

Telephone Number _____



Data Protection Act 1998. The information which you provide in this form and any other information obtained or provided during the course of your application for membership will be used solely for the purpose of processing your application dealing with you as a member of GYGSC. The data will not be shared with any third party for marketing or commercial purposes without firstly obtaining your explicit consent.

If you object to the inclusion of your details in a membership handbook please tick here _____

Additional Visits

To confirm above details and declaration from a previous visit just sign and date below

Signature _____ Date _____ Fee Paid _____

Signature _____ Date _____ Fee Paid _____

Signature _____ Date _____ Fee Paid _____