Booking Form



Course Title:	Course Date:
Name:	
Address:	
Phone number:	
D.O.B:	
Email:	
Medical Declaration	
 Are you, to best of your knowledge, fit to complete this course? Y/N Do you suffer from epilepsy, disability, giddy spells, diabetes, deafness, heart disease, angina, asthma or similar ailment? Please specify – Are you on any form of medication? (if none write none) (This need not prevent you from taking part in our courses, but we need to know in advance)	
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Next of Kin Details	
Name: Relation	isnip:
Phone Number:	
How did you find Ocean Sports Tuition? Google Ads, Google search, RYA, Recommendation, Facebook, Other	
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