



# BROADSTAIRS SAILING CLUB

Seaview House Harbour Street Broadstairs Kent CT10 1EU Tel: 01843 861373

---

## APPLICATION FOR JUNIOR MEMBERSHIP (11 to 18)

Please complete all relevant sections in **BLOCK CAPITALS** and return to the Membership Secretary at the above address

Full Name: .....

Address: .....

Post Code: .....

Telephone: .....

Mobile: .....

E-mail: .....

Date of Birth: .....

---

Subscription Fee Enclosed: £ .....

Joining Fee: £ 0.00 .....

For current subscription rates please see the Club website, [www.broadstairsailingclub.com](http://www.broadstairsailingclub.com). Fees will be returned in the event of non acceptance.

Signature of Applicant: .....

Date: .....

---

**Medical Disclosure** (please give details of any medical condition that Club officials should be aware of)

---

### Parental Consent and Declaration for Junior Membership

I ..... (parent/guardians name in full) consent to my child/ward born on ..... becoming a Junior Member of Broadstairs Sailing Club. I certify that he/she is confident in water, and I undertake that if he/she is granted acceptance I will provide adequate and satisfactory personal buoyancy for him/her before his/her final acceptance as a Junior Member of the Club.

Parents and guardians are warned that the Club is only able to provide patrol boat facilities during organised club sailing events. Outside these hours, parents and guardians have sole responsibility for their children or wards and must appreciate that the Club cannot be expected to exercise supervision or control. During organised Club sailing events the Club cannot accept responsibility for children, or any other person, not engaged in that event. Parents or guardians must undertake to ensure that a parent, guardian or nominated responsible adult is available for immediate supervision of the Junior Member (aged 11 to 15) as may become necessary during all Club sailing or training activities or events.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: By signing I/we agree to ensure that our child/ward will abide by the Rules and Bye Laws of Broadstairs Sailing Club and to his/her personal information being stored electronically in BSC files. I/we understand that any such information will only be used for official purposes. From time to time Club members may be filmed (photographic and/or video images). I/we agree to any such images being included in newsletters, presentations and publicity material. If you would prefer images not to be used please tick here [ ]*

---

**Official use only:**

Introductory Letter Sent: \_\_\_\_\_ Accepted/Declined \_\_\_\_\_

Acceptance letter and Membership Pack Sent: \_\_\_\_\_ Added to Database: \_\_\_\_\_

---

Please use this space to give emergency contact details and details of parents or guardians;

**IN AN EMERGENCY PLEASE CONTACT**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

*(if different from above)* \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

OR

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

*(if different from above)* \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PARENT/GUARDIAN**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address:

---

*(if different from above)*

Post Code:

---

Telephone:

Mobile:

---

E-mail:

---

OR

Full Name:

Relationship:

---

Address:

---

*(if different from above)*

Post Code:

---

Telephone:

Mobile:

---

E-mail:

---