



## Adult Booking Form

### Personal information

Name	_____	Course Name	_____
Address	_____	Course Date	_____
	_____	Course Cost	€ _____
	_____	Deposit Paid	€ _____
E-Mail	_____	Balance	€ _____
Date of Birth	_____	Phone No	_____
		Mobile No	_____
<b>Please Tick</b>		<b>How did you hear about WindWise</b>	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Internet	A friend
		Advert (Where)	

Please tick here if you do not wish to be emailed about courses and events at WindWise

### Please indicate your water confidence level

Confident  Not very confident

### Please indicate your windsurfing level

Beginner

Intermediate  Tack  Gybe  Harness  Footstraps  Rigging  Planning Gybe

Advanced  Waterstart  Carve tack  Carve Gybe  Jumping  Wavesail

### Medical and health information

Please detail any medical condition which may affect you during your participation in both on land and on water activities. Please note if you require any medication, inform instructors where you have left it so that it can be located if needed. \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

### Declaration

I acknowledge that learning to windsurf carries inherent risk as with all adventure sports. Learning to windsurf is physically demanding and I declare that I am fit enough to participate and understand the possible risks.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### To be filled out by instructor running course

Instructor running course \_\_\_\_\_ Log book issued \_\_\_\_\_ Certificate awarded \_\_\_\_\_