

# SAILTRAIN

21 Louvaine Avenue, Wickford, Essex. SS12 0DR

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## Health Declaration

Name:

Address:

Course:

Course Date

Details of any medical treatment being received (if none write „NONE“)

If you suffer from epilepsy, giddy spells, asthma, diabetes, heart condition or anything else you believe may affect you during your time with us, please provide details

I declare that to the best of my knowledge, I am fit to participate in the course.

Signature of Client(s)

Date Signed: