

Please return to:-

Ocean Youth Trust South, PO BOX 203, Gosport, PO12 9AZ

Tel: 0845 365 6781 Fax: 0845 365 6782 Email: office@oytsouth.org

0845 calls charged at local rate

Please use a **BLACK** pen and print clearly in **BLOCK CAPITALS**

You cannot sail unless this form has been completed. Please ensure that it is signed and returned
AT LEAST 3 WEEKS BEFORE THE START OF THE VOYAGE

Personal Details

Title		First Names															
Known as											Male	<input type="checkbox"/>	Female	<input type="checkbox"/>			
Surname																	
Address																	
County											Post Code						
Country											Date of Birth	d	d	m	m	y	y
Nationality											Age at start of voyage	y	y	m	m		
Tel No.(Day)											Passport No. (below)						
Tel No.(Eve)																	
Mobile No																	
Occupation																	
Email																	
Special dietary requirements / food allergies	Vegetarian	<input type="checkbox"/>	Vegan	<input type="checkbox"/>	None	<input type="checkbox"/>	Other	<input type="checkbox"/>									
<i>Please specify, including food allergies. Continue on separate sheet of paper if necessary (with your name)</i>																	

Details of Responsible Person Ashore

(This MUST be someone we can reach day or night)

Name															
Relationship															
Address															
(if different from above)															
County											Post Code				
Tel No. (Day)															
Tel No. (Eve)															
Mobile no.															

Booking

*I would like to book one / all * of the voyages below shown in order of preference*

Choice	Voyage No.	Start Date	No. of nights	Finish Date	Cost	SEA STAFF BOOKING
1					£	SK 1st 2nd 3rd Bsn 18th
2					£	Assessment YES / NO
3					£	Please delete as applicable
					Total Cost:	£

Payment Cheque or Credit Card

	Full Voyage Fee	£	Date Paid
Individual Booking & Group Booking			
Deposit of 25% of Voyage Fee		£	
(Balance due 60 days before voyage)		£	
* Mates Subscription / Familiarisation Voyage Fee (delete as applicable)		£	

We accept the following credit cards: Visa / Mastercard / Maestro / Visa Electron / Solo / American Express



Name on card											Iss No				
Card Number															
Valid from	m	m	y	y	Expiry date	m	m	y	y	Security No					

PLEASE MAKE CHEQUES PAYABLE TO:- 'OCEAN YOUTH TRUST SOUTH' and crossed

Please Complete Relevant Medical Information, Declaration and Monitoring Sections overleaf...

Your Doctor's Name

Surgery Name

Surgery / Doctor's Tel No.

Have you been diagnosed or suffered any of the following in the past 7 years? (please circle as applicable)

Asthma or Bronchitis	Yes	No
Heart condition	Yes	No
Epilepsy (including fits and convulsions)	Yes	No
Diabetes	Yes	No
Fainting, blackouts or severe headaches	Yes	No
Attention Deficit Hyperactivity Disorder (ADHD)	Yes	No
Emotional and Behavioural Difficulties (EBD) and/or Social Behaviour Problems	Yes	No
Tourettes Syndrome or Aspergers Syndrome	Yes	No
Mental health and/or recurring health problems	Yes	No
Allergies to any known drugs or medication including Penicillin	Yes	No
Any other allergies e.g. material, food, insect bites etc.	Yes	No
Would you consider yourself disabled (including visual and/or hearing impairments)	Yes	No
Are you taking or have you taken any regular medication within the last 6 months	Yes	No
Any recent contact with contagious diseases or infections	Yes	No
Are you receiving medical treatment from either your family doctor, hospital or specialist	Yes	No
Have you been given specific medical advice to follow in medical emergencies?	Yes	No
Have you ever received a statement of Special Educational Needs?	Yes	No
Do you consider yourself to be of reasonable fitness and able to swim 50 yds in clothing?	Yes	No
If female, are you or is it likely that you might be pregnant during the voyage?	Yes	No

You **MUST** inform us of any change to the answers given above before the start of the voyag
IF you have answered **YES** to any of the questions, or you are aware of any additional information c
 issues of medical, behavioural or other conditions which might affect the performance or safety
 the applicant you **MUST** provide details on a separate sheet, clearly marked with their nam

Additional sheets supplied (please tick as appropriate,

Medical information (including dosage of any medicines / tablets et

Behavioural information

Other informatior

✓

Previous Disciplinary Action

Have you ever been excluded/dismissed from school/college/work for disruptive/antisocial behaviour?	Yes	No
Have you ever been convicted or accused of violent or dishonest/criminal behaviour?	Yes	No

If you answered YES to any of the above please give details on a separate sheet and then attach securely.

Monitoring

We would be grateful if you would voluntarily complete this section. Which of the following do you consider yourself:

African - Asian - Black British - Mixed Race - Caribbean - White European - Other

Where did you hear about Ocean Youth Trust South - Please circle one

School/College - RYA - ASTO - Internet - Youth Group - Boat show/Exhibition - Newspaper Article - Friend - Other

Declaration

This declaration must be signed by the applicant aged 18 or over, or by the parent or legal guardian if applicant is under 18.

This must also be signed by Sea Staff applying to sail.

1. I consent to the applicant taking part in a voyage with Ocean Youth Trust South.
2. I have provided details of any medical, physical or other conditions which might affect the performance or safety of the applicant.
3. I consent to the applicant being given emergency medical treatment including the administration of anaesthetic should it be necessary, and authorise OYT South Staff to give such permission as may be necessary for such treatment to proceed.
4. I agree to and will comply with the terms and conditions on the accompanying sheet.
5. I will comply with the rules, regulations and instructions given to me by the Sea Staff during the voyage.
6. I will not be disruptive, aggressive, violent, intimidating or display antisocial behaviour, including bullying, during the voyage and understand that if I do not comply with OYT South regulations on board I may be asked to leave the vessel at my own expense.

Signature _____

Name in BLOCK CAPITALS _____

Date _____

Relationship to applicant _____

By ticking this box at the bottom of the form on the right hand side you agree that Ocean Youth Trust South may use on its website, in other publicity and promotional materials, information which includes the image or voice of the crew member but no other information which would reveal the identity of the crew member.

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