



## WEST COAST MARINE SAILING SCHOOL

c/o West Coast Marine Yacht Services Pvt. Ltd.  
Colaba Workshop Bldg., Lala Nigam Road,  
Jamshedji Bunder, Colaba, Mumbai - 400005, INDIA.

### Health Declaration Form

Name :

Do you suffer from any allergies?  Yes  No

If yes, please detail

Are you taking prescribed medication and/or receiving medical treatment?

Yes  No

If yes, please detail

Do you suffer from epilepsy, giddy spells, asthma, diabetes, angina or other heart condition?  Yes  No

If yes, please detail

(Current or previous health problems do not necessarily preclude you from attending courses. If you have any queries please contact us in confidence)

Do you regard yourself as disabled ?  Yes  No

- if so how?

(We are happy to accommodate clients with disabilities. If you have any queries please contact us in confidence)

Emergency Contact Name :

Address :

Relationship to you :

Are you a swimmer ?  Yes  No

I am confident in the water wearing a buoyancy aid/life jacket.  Yes  No

May we provide you with course/event information from time to time?

Yes  No

SIGNATURE OF CANDIDATE & DATE