

# Grafham Water Sailability Limited

c/o Grafham Water Centre  
Chichester Way  
Perry, Huntingdon, Cambs  
PE28 0GW



Web: [www.grafhamwatersailability.com](http://www.grafhamwatersailability.com)

Email: [grafsailability@gmail.com](mailto:grafsailability@gmail.com)

## Full Membership Application Form 2025

Please complete this Membership Application Form and the Confidential Medical Form (see reverse page) and bring it with your subscription £40 for all full members, when you next come to Grafham Water Sailability (GWS). Please print clearly. If you wish to make an additional donation (voluntary), the Club would be very grateful. If you prefer, payment can be made direct to Grafham Water Sailability bank account 03177038, sort code 30-94-47, adding your last name as the reference.

I wish to apply for membership of Grafham Water Sailability (GWS). I agree to be bound by all rules and bylaws and will familiarise myself regularly with, and follow, the GWS Safety and Operating Procedures, a copy of which is available in the cabin. For my safety and that of other sailors, volunteers and water users, I will keep the Club informed of any special requirements I have or any further changes in my condition. A new application form must be completed every year. Full Membership is available to those with any physical or learning difficulty who wish to sail with GWS.

Family Name: ..... First Name: .....

Address: .....

Post Code ..... Phone Number: .....

Email: .....

**ESSENTIAL** Next of Kin/Carer/Contact in event of emergency.....

..... Contact mobile number: .....

I permit GWS to store my information and to contact me by email. (Note that GWS will not share your information with any third party). Yes / No (please delete as applicable)

I give permission for GWS to use photos of me for GWS publicity, including the website Yes / No

Signature: ..... Date: .....

## Grafham Water Sailability – Confidential Medical Form 2025

The following information is required so that in the event of an emergency appropriate action can be taken and that in the unlikely event of an emergency in which you are seriously incapacitated, appropriate information can be given to the emergency services.

Name: ..... Date of Birth: .....

**Details of your main Medical Condition:**

.....  
 .....

Are you a wheelchair user:                      Yes                                            No                     

What assistance would you require from a helper? .....

.....

Are you confident in water?                      Yes                                            No                     

**Medical details**

**Do you suffer from epilepsy, fits or blackouts?**

If YES, please give details of known triggers, warnings, frequency, severity, normal duration, medication and what action we should take

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 .....

**Do you have any other medical conditions? E.g. asthma, diabetes, etc.**

If YES, please give full details of what action we should take: .....

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**Do you have Hepatitis                      YES / NO (please delete as applicable)**

**List any allergies or other conditions that may affect you while sailing: .....**

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**Please remember that our helpers cannot take people to the toilet, nor are they allowed to lift anyone. Several of the volunteers are first-aiders, they are not paramedics.**

**Signature: .....                      Date: .....**