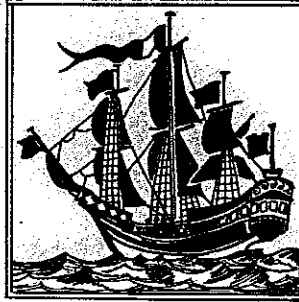


PORT of WELLS



Wells Harbour Maritime Trust

The Trust is a charity registered in England and Wales No. 1136392

Application Form for a Grant from the Trust

I wish to apply for financial support from the Wells Harbour Maritime Trust (WHMT).

Name.....

Address.....

.....

Postcode.....

Telephone.....

E-mail.....

Date of Birth.....

Gender.....

Please state in the box below why you wish to apply for support from the WHMT and the amount of support for which you are applying.

Purpose

Amount

Either: The cost (paid directly by the WHMT to the sailing school) of a two-day sailing course

Or: The cost (paid directly by the WHMT to the swim school) of a swimming course (number of sessions at discretion of the Trustees)

Or: £..... for a training course or passage with a sail training agency (paid directly by the WHMT to the training agency)

Contact details for the training agency:-

Name.....

Address.....

.....

Postcode.....

Telephone.....

E-mail.....

Declaration by Applicant

I acknowledge that all maritime/sailing/swimming activities have an element of risk.

In that respect I will:-

1. Conform at all times to the regulations and requirements of the sailing school or the sail training agency or the training agency.
2. Enter into the activity with enthusiasm and commitment.

3. Inform the WHMT of any circumstances which might affect my full participation in the course.

4. I understand that, if the WHMT books me on a course from which I withdraw without good reason, if the cost of the course cannot be recovered by the WHMT, I am liable to repay that cost to the WHMT.

I confirm that (for courses at sea) I am a competent swimmer. Please give details on how you rate yourself as a competent swimmer (e.g. swimming certificate, life-saving certificate, recent swimming competence):-

Signature of applicant.....

Declaration by Parent or Guardian

Required for all applicants under the age of 18

Medical information about your child

Does your child have any medical conditions that may affect their participation in sailing/maritime activities? Yes/No

Please give details if yes

Does your child have any condition requiring medical treatment, including any medication? Yes/No

Please give details if yes:

- I agree that my child/ward can participate in the sailing/maritime/swimming programme or training course
- I am aware that sailing/maritime/swimming activities carry an element of risk and, in the event of an accident, I will not hold the Trustees of the charity or any of their agents responsible

Relationship to applicant.....

Your name.....

Signature.....

Date.....

This WHMT application form (latest edition) published February 2012.