

# Ocean Youth Trust (North East) Booking Form

Return to Ocean Youth Trust (NE), P O Box 91, Robin Hood's Bay, Whitby YO22 4WB

## PERSONAL DETAILS

First Names ( <i>please underline name known as</i> )			Surname
Date of birth	Age	Male/Female	Nationality
Address			Post Code
Tel No ( <i>include STD code</i> ) Day			Evening
Your Doctor's Name		Doctor's Tel No	

## DETAILS OF RESPONSIBLE PERSON ASHORE

*This must be someone we can reach day or night in emergency situations*

Name	Relationship
Address ( <i>if different from above</i> )	
Post Code	
Tel No ( <i>include STD code</i> ) Day	
Evening	

## BOOKING

I would like to book the following voyage(s)

Voyage No	Start Date	End Date	Cost
			£
			£

## PAYMENT

To confirm voyage booking a deposit of 25% must be returned with this form

**Balance due 60 days before voyage**

THE FULL COST MUST BE ENCLOSED IF THE VOYAGE IS LESS THAN 2 MONTHS AWAY

## SPECIAL DIETARY REQUIREMENTS / FOOD ALLERGIES

Vegetarian  Vegan  None  Other  (*Please specify, including food allergies*)

## MEDICAL CONDITION AND TREATMENT (*including allergies or pregnancy*)

*(If you have a medical condition for which prescribed drugs are required – see health notes overleaf)*

Please tick the box if this section does **not** apply to you

## DECLARATION

*This declaration must be signed by applicant if aged 18 or over, or by the parent/guardian if the applicant is under the age of 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 (NE) Ltd
2. I have provided details of any medical or other condition that might affect the performance or safety of the applicant or others.
3. I consent to the applicant being given emergency medical treatment, including the administration of anaesthetic, should it be necessary and authorise OYT (NE) staff to give permissions, as may be necessary, for such treatment to proceed.
4. I have read and agree to the terms and conditions of booking a voyage.

Signature \_\_\_\_\_ Name in block capitals \_\_\_\_\_

Date \_\_\_\_\_ Relationship to applicant \_\_\_\_\_