



# SAIL SYCSA



Somerset Youth and Community Sailing Association

RYA teaching establishment at Durleigh Sailing Club Bridgwater TA5 2AW

## Dinghy Usage Agreement

Please complete the following in **block capitals**.

Sailor's name: ..... Parent's name: .....

Address: .....  
.....

Postcode: ..... Phone: ..... Email: .....

Date dinghy loan commenced: ..... Date dinghy is to be **returned** to SYCSA: .....

Total contribution to SYCSA'S account (details below) at £30 for winter payable in advance £.....

In using the above dinghy I agree to:

- Return the dinghy and all equipment in the same condition as it was at the beginning of the usage period.
- Replace any lost, damaged, broken or stolen items, not covered by insurance.
- Pay for any repairs needed, which are not covered by insurance, as a result of any damage done to the dinghy including any excess on the insurance policy (currently £50).
- Recognise that SYCSA Insurance covers usage solely by the **sailor named above**. If any other person sails this boat (for reasons other than recovery) the insurance is not valid and will not cover any damage or third party liability, hence **I am solely responsible for any costs**.
- Accept that SYCSA's insurance covers me for usage at Durleigh Reservoir **only**.

Parent's signature: ..... Date: .....

### **✍️ TO BE COMPLETED BY SYCSA ON ALLOCATION OF DINGHY**

Dinghy allocated: Topper/Optimist/Other (please state)..... SYCSA No. on dinghy: .....

Spray suit number: ..... Buoyancy aid number: .....

Comments regarding inspection of the dinghy ( & spray suit and buoyancy aid if applicable) on collection

The parent/guardian has confirmed the payment of the contribution.

**To be paid by BACS to SYCSA Account 47779616 Sort Code 60-21-01**

Sign name: ..... Print name: .....

Position in SYCSA: ..... Date: .....

**Please confirm with Sandra Long Hon Treasurer of SYCSA the contribution has been paid**

### **✍️ TO BE COMPLETED BY SYCSA ON RETURN OF DINGHY**

Comments regarding inspection of the dinghy ( & spray suit and buoyancy aid if applicable) on return

Action required? Yes/No (If yes, please provide details on reverse)

Sign name: ..... Print name: .....

Position in SYCSA: ..... Date: .....