

Hastings and St Leonards Sailing Club

YOUTH SAILING APPLICATION AND CONSENT FORM 2020

Child's name		DoB	
--------------	--	-----	--

Parent Guardian

Name			
Telephone		Mobile	
Email			
Emergency Contact name and number			

Please Note – The club is not acting in Loco Parentis during the youth training sessions so please ensure that a parent or appointed guardian is present at the club at all times during the training session for children under 13 years of age. We look forward to your co-operation so that your child gets the most out of the youth training here at Hastings & St Leonards Sailing Club.

Please tick

I give permission for my child to take part in the Hastings & St Leonards youth sailing programme

I understand that for children under the age of 13 a parent or guardian must be present at the sailing club for the duration of each session. Another responsible adult may act in *loco parentis* by prior consent of the Senior Instructor running the youth sailing.

I give permission for my child to be photographed/videoed for training or publicity purposes

My child is able to swim 25m in light clothing

I have completed the medical form overleaf.

I consent to Hastings & St Leonards SC retaining the above information (inc medical form) for the purposes of running the Youth Training, and we may contact you in order to inform you of Youth Sailing activities.

Signed.....

Date.....

Print name.....

Hastings and St Leonards Sailing Club

MEDICAL FORM

(Please complete for each Sailor/Participant using BLOCK CAPITALS)

Name of Child/Participant

Does the Child/Participant have any specific medical conditions? YES / NO

If so, please give details.

Does the Child/Participant take any medication? YES / NO

(including intermittently, e.g. inhaler)

If so, please give details. & how/where will this be held available should it be required?

Does the Child/Participant have any allergies? YES / NO

If so, please give details.

Is there anything else you feel the organisers should know about the participant?

Swimming Ability (can swim a minimum of 25 metres) YES/NO

In an emergency, I agree to the course organisers, or person nominated by them giving consent to a doctor for emergency medical treatment, if the doctor concerned reasonably believes it is essential for the well-being of the participant. I will notify the organisers of any changes to the above prior to/during the course.

Sailors participate in Youth Training and Club Activities entirely at their own risk. H&SLSC do not operate as a child minding service and are unable to provide child care facilities. A Parent, Guardian or other named adult must remain on club premises throughout each session and shall be at all times responsible for the conduct and participation of the sailor in his or her care. Hastings & St Leonards Sailing Club will not accept any liability for material damage or personal injury sustained in conjunction with or prior to, or during, or after the sessions

Signature of Parent/Guardian Date

Name of Parent/Guardian.....

Some of the details on this form will be held on computer & used for administration purposes only

Please read H&StLSC "Safeguarding & Child Protection Policy and Guidelines" document, available on the website and at the club house.