Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I the undersigned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/guardian\*) give permission for this child to take part in racing, coaching and training organised by The Solway Yacht Club. During coaching and training activities, I agree that he/she\* will be under the authority of and responsible to the instructor or coach.

If at any time during the session he/she\* requires urgent medical treatment and I cannot be contacted, I give permission to the appropriate doctor or health professional to make any decisions necessary including administering an anaesthetic.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please tick either YES or NO below as appropriate. If YES, please provide further details including current medication. | | | | |
|  | YES | NO | Further details including medicine and dosage | Self administered?  Yes/No |
| Asthma |  |  |  |  |
| Diabetes |  |  |  |  |
| Epilepsy |  |  |  |  |
| Hay Fever |  |  |  |  |
| Heart Condition |  |  |  |  |
| Any recent injury or illness |  |  |  |  |
| Any known allergies (medicine or other). |  |  |  |  |
| Any other condition that you feel we should be aware of? |  |  |  |  |
| Are any of the conditions you have answered yes to above not known to the child? Please advise.  Is there anything else we should be aware of? | | | | |
|  | | | | |

From time to time, photography may be taken for promotional purposes. If you have any objections to your child being photographed, where he or she can be identified, please mark X in the box

Solway Yacht Club will use your name and address for future notification of any cadet activities. If you do not wish to receive information please indicate with an X in the box.

It is the responsibility of the parent or guardian to inform Solway Yacht Club if any details included on this form change.

Signature .................................................................. Date ....................................

Relationship ............................................................................................................

# PLEASE NOTE THAT THOSE AGED UNDER 18 YEARS OF AGE WHO DO NOT HAVE A COMPLETED AND SIGNED CONSENT FORM WILL NOT BE ALLOWED TO PARTICIPATE.

# \* Please delete as appropriate