

EVENT _____ NAME OF CHILD _____

No entry from a child who is under the age of 18 on the (first) day of the event will be accepted without a signed paper copy of this form being presented to the club at or before registration.

Data Protection

Under the General Data Protection Regulations, Solway Yacht Club will collect and retain the data on the entry form and this form as follows:

- The data will be collected in accordance with the club's Data Privacy Policy (copy on request)
- The bases of processing these data will be either Contract or Legitimate Interest as per the policy with the exception of photography and medical data, for which consent is sought below.
- The data will be collected and securely retained by the Sailing Secretary.
- The data will be used to facilitate the event that you are applying to enter.
- The data may be disseminated as required to any or all of: race officials, results coordinators, instructors and coaches, Cadet Officer, Piermaster/Beachmaster, safety crews and those providing catering. Results may be publicised in the media, on the club website and in club publications such as the handbook.
- The data will be retained only for as long as is required to facilitate the event except that name and contact details may be retained for one year approximately to publicise the following year's event. Qualifications obtained at a training event will be retained to enable further training.

Medical

Does your child under 18 have any allergies, ailments, illnesses or conditions that need to be taken into consideration if injured or taken ill while on the water or in club premises. If none exist please leave blank. It is your responsibility to make known any potential medical conditions that may affect your/your child's own personal safety during activities associated with sailing or, if consent is not given to collect and process relevant medical data, to make alternative arrangements to safeguard your child.

Are any of the conditions above not known to the child? Please advise.
Is there anything else we should be aware of?

Declaration: I consider my child physically fit to take part in this event/course.

Do you consent to these medical data being collected and retained as noted under Data Protection above? Please tick.

YES	NO
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Signed: _____ Date: ____/____/2024

Photography

From time to time, still and video photography may be taken for news reporting, promotional and training purposes. Where your child can be identified, do you give consent to the images being used for these purposes? Please tick.

YES	NO
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Signed: _____ Date: ____/____/2024

Parental / Guardian Consent Form for Entrants under the Age of 18:

I, the parent / guardian of _____ give permission for them to participate in the above event as noted above.

I have completed the medical form above for any relevant conditions.

I give permission to the qualified first aid/medical personnel, who may or may not be participating in activities during the event to administer any relevant treatment or activities to the above named person, when / if necessary. In addition, if the case arises, I authorise the club to take the above named person to a hospital and give full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.

Parent / guardian's consent: _____ (signature)

Name: _____ (please print)

Relationship to the above: _____

Emergency Contact Number: _____ (for use during the event)