

CADET CONSENT FORM (for under 18)



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 you would like us to know?

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