Tynemouth Sailing Club RYA Registered Training Centre Under 18 Medical Information and Training, Medical and Photo/Video Consent

• •	(Revision 2 25/06/2014) (Revie	(Revision 2 25/06/2014) (Reviewed 10/06/15)			
Student First names	Surname	Date of Bi	rth		
Address		Post Cod	e		
Parents/Guardian	18	· · · · · · · · · · · · · · · · · · ·			
Address		Post Cod	de		
Phone Home	Work	Mobile	 		
Second contact					
Address		Post Cod	de		
Phone Home	Work	Mobile			
Alternative (e.g Gı	randparent, Aunt)				
Address		Post Cod	de		
Phone Home	Work	Mobile			
Medical Informat	ion				
Does the student le.g. diabetes, astr If medication may incapacitated) ple Has the student alls the student taking Does the student sufficient sufficient sufficient less the student sufficient less than the student sufficient l	have any allergies? e.g. elastoplast, potave any medical conditions which recomma? be required during training (including trase give an explanation of what is recompressed in the should be the property of the any other relevant medical conditions from any injury? The property of the above is YES please give defined to the should be the	quire regular medication? administered by others if puired on the back of this enotified to hospital casual enotified to hospital casual tion?	YES/NO the student is form. alty? YES/NO alty? YES/NO YES/NO YES/NO		
Name of GP	Phone				
Address					
TSC. I give the TS the above named permission for trea Training Principal	dical Permission for the above named student to receive C Training Principal or his representate student and to take him/her to hospitate atment to be carried out in accordance or his representative to sign any documers named above fail.	tive permission to administ I if judged necessary. I given with the hospital's diagno	ster First Aid to ve full osis and for the		
Signed	Name	Pa	arent/Guardian		

Photo/Video Permission

Video and still photos may be taken to aid training and for the enjoyment of participants and family and TSC members. These will only be shown to participants and family and TSC members. If TSC or the RYA wish to use any photographic material for external publicity specific permission of those appearing will be sought.

Permission

I agree to the above named student being included in still/video photography of training activities.

Signed	Name	Parent/Guardian
Swimming declaration The student can swim 25me	etres and is confident in water.	YES/NO
Signed	Name	Parent/Guardian

Queries Training Principal e mail mike.shipway@tiscali.co.uk phone 257 0428

Insurance TSC is insured under the RYA Club Insurance Scheme including Sail Training Indemnity. TSC, TSC Volunteers, RYA Coaches, RYA Senior Instuctors or RYA Instructors do not accept responsibility for any loss, damage or injury suffered by persons and/or their property arising out of or during the course of their activities whilst training and/or coaching and/or instructing unless such injury loss or damage was caused by, or resulted from negligence or deliberate act.

Medical Information

Please use the space below to provide any information as requested.