

Childs Details	
Name	
Address and post code	
Date of Birth	
Details of any current medical condition such as asthma, diabetes, epilepsy, angina or other heart condition or any treatment the child is receiving.	
Parent/Guardians Details	
Name	
Tel. No	Mobile:
e-mail	WWSC Membership no.
Signature	
<ul style="list-style-type: none"> <li>I declare to the best of my belief the above-named child is medically fit to undertake the sessions and can swim 50 metres when wearing an approved buoyancy aid.</li> <li>I understand that the Club's instructors do not accept any responsibility for any loss, damage or injury to people or property arising out of, or during the sessions of, the instructors' activities while instructing.</li> <li>I have read and accept the additional information contained in the club joining instructions.</li> <li>I confirm that I give permission for my son/daughter to go out on the water and that I or an elected representative will remain on the club premises during the session.</li> <li>If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the adult in charge to sign any document required by the hospital authorities.</li> </ul>	
Signed (Parent or Guardian)	Date
<p>From time to time we take pictures during training. We would like your permission to use these pictures on the understanding that;</p> <ul style="list-style-type: none"> <li>We will never reference your child by name or provide any specific information regarding your child.</li> <li>The pictures will only be used by Weir Wood Sailing Club to show the many ways our child and youth members can have fun while participating in sailing".</li> </ul>	
Signed (Parent or Guardian)	Date