

Document 6 – Participation form

Participation form

Please complete all sections in Block Capitals

Participant's details:

First name:	Family name/surname:
Home Address:	
Date of Birth:	Age:

Parent/guardian/person with legal responsibility:

First name:	Family name/surname:
Relationship to child:	
Home number	
Mobile number	
Email address: (for club communication)	

Alternative Emergency contact

First name:	Family name/surname:
Relationship to child:	
Phone number during sessions:	

Medical information:

It is your responsibility to make known any disability/medical condition that may affect you/your child during the activity, and any medication that they may require. This information will be shared with those responsible for supervising the activity.

Have you/your child ever suffered from any of the following conditions: Asthma/bronchitis, heart condition, fits, fainting or blackouts, severe headaches, diabetes? YES / NO

If YES please provide details, including any specific medical advice to be followed in an emergency:

Are you/your child currently taking any medication?	YES/NO
If YES please specify:	

Are you/your child currently suffering/recovering from any injuries that may affect their sailing?	YES/NO
If YES please provide details:	

Do you/your child have any food allergies?	YES/NO
If YES please provide details:	

Do you/your child have a disability, learning difficulty or medical condition which may affect their learning? (ability to participate in practical or theoretical sessions?)	YES/NO
If YES please provide details:	

Consent for use of images

I grant to the organisers without payment the right in perpetuity to make, use and show any motion pictures, still pictures and live, taped or filmed television of or relating to training and activities at Rollesby Broad Sailing Club

YES/NO

Declaration of parent or person with legal responsibility

I the parent/guardian of hereby acknowledge that I have read the attached conditions of participation, including the code of conduct and that I fully understand them. I have explained them to my child, who understands and agrees to abide by them.

Signed: _____ Date: _____

Medical consent

I give permission to the organisers of activities at Rollesby Broad Sailing Club to administer any relevant treatment or medication to the above-named participant when or if necessary. In an emergency situation I authorise the organisers to take me/my child to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital's diagnosis.

Signed: _____ Date: _____