

	ROYAL SOLENT YACHT CLUB JUNIOR PARTICIPATION FORM DINGHY WEEK 2017	
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SAILOR INFORMATION

Family Name Forename.....

Preferred Forename Address.....

.....Post Code.....

Tel. Number..... Mobile tel. no.....

Email address..... D.O.B..... (Age.....)

Is the Sailor able to swim 25 metres without buoyancy aid?..... (Not essential but we need to know)

BOAT INFORMATION

Class: Sail No. Colour of hull.....

CONTACT DETAILS FOR ADULT RESPONSIBLE FOR SAILOR DURING THE EVENT

Full Name (please print) Relationship to Sailor.....

Mobile phone no. (in case of emergency).....

LIABILITY

By signing this participation form, the parents/guardians of sailors accept that they are responsible for the children in their charge and their boats. Nothing done by the organisers (i.e. coach, club, patrol craft drivers and other helpers) will relieve participants and their parents/guardians of their responsibilities.

PARENT OR GUARDIAN DECLARATION - required for all sailors under the age of 18 on 15th August 2016

Under law, this helm is my dependant, and I accept the liability clause above, which excludes my dependant's right to claim compensation in certain circumstances. I confirm that my dependant is competent to take part and that I am responsible for my dependant throughout the event. I agree to my child receiving emergency medical treatment if necessary. **During the time my dependant is involved in the event I (or another responsible adult named above who will act *in loco parentis* during my absence) will be at Royal Solent Yacht Club or within 5 minutes of the club with a mobile phone. This person must inform the organisers if he/she leaves the site.** I confirm that I hold third party indemnity insurance with a minimum cover of £2,000,000.

PHOTOGRAPHY: Participants automatically grant to the organising authority without payment the right in perpetuity to make use of and show any motion pictures, still pictures and live, taped or filmed television of or relating to the event, and to use such pictures in club literature/website. Individual children will not be identified in such pictures. **Please delete this paragraph if you do not agree to this.**

Please sign and print to acknowledge that you have read, understood and accept the information on this form.

Parent/Guardian Signature..... Print Name.....



ROYAL SOLENT YACHT CLUB

JUNIOR MEDICAL FORM

NAME OF SAILOR.....

Does your child suffer from any allergies or known medical conditions? **YES/NO**(*please delete*)

If you have answered "Yes", please provide details of any allergies or other known medical conditions and/or medication being taken

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I, the parent / guardian* of give permission to the staff / volunteers participating in activities during this event to administer any relevant treatment or medication to the named participant, when / if necessary. I shall inform the organising body of any known conditions and medication requirements.

In addition, if the case arises, I authorise the members of staff to take this child to 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's / Guardian's* Consent (Signature)

Name (Please print)

Relationship to participant

Contact Telephone Number

Date

* *Please delete as applicable*