



CRAWLEY MARINERS YACHT CLUB Ltd - CONSENT FORM (18 & over)



(If completing by hand please use block capitals and print clearly)

Name of applicant: Male/Female Tel. No:

Address:

.....

Mobile No: Email:

To take part in (state activity) Activity date/s (if known).....

Sailing experience (if any):

Any special dietary requirement, e.g. diabetic, vegetarian, etc:

Medical Information:

Doctor's Name: Tel. No:

Address:

Please write none or n/a as appropriate below.

Details of any treatment being received:

.....

Details of any specific advice to be followed in an emergency:

.....

Allergies: (Insect Bites, Penicillin etc.)

Have you had a vaccination against Tetanus in the last 10 years: YES/NO

Have/are you suffered/suffering from: Asthma/Bronchitis/Heart condition/Fits/Blackouts/Giddy spells/ Diabetes/Severe headaches. **Please circle as necessary.** We would stress that illness or medical conditions do not necessarily prevent anyone from taking part in the course, but the Principal/Instructor must be aware of them.

Details as to any recent contact with a contagious disease or infection:

.....

If insufficient space for any of the above information, please continue on the back.

I understand that:

- a. I should be water confident to partake in water based activities.
- b. Whilst the Club's Instructors, helpers and representatives will take all reasonable care of those attending, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by persons and/or their property arising out of, or during the course of the activity.

I consent to any emergency treatment necessary during the duration of the activity.

I declare that to the best of my knowledge, I am fit to participate in the course.

Signed: Date:

NEXT OF KIN DETAILS: (name, address and contacts details if different from above)

Relationship to applicant:

Name: Address:

.....Tel. No. Mobile No: