



CRAWLEY MARINERS YACHT CLUB Ltd. PARENTAL CONSENT FORM
(If completing by hand please use block capitals and print clearly)



Name of applicant: Male/Female Date of birth:

To take part in: Activity date (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.*)

Has the applicant received vaccination against Tetanus in the last 10 years: YES/NO

Has/is the applicant 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: My son/daughter should be water confident to partake in water based activities.

- a) I must ensure that my child understands that it is important for their safety and that of the group that any rules and instructions given by those in charge are obeyed.
- 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.

We take photographs and videos of sailing activities for publicity purposes, including use on our website.

We would be grateful if you would provide your consent. Please tick this box

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

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

Signed: (Parent/Guardian) Date:

NEXT OF KIN DETAILS: Relationship to applicant:

Name: Address:

..... Email:

Tel. No: Mobile No:

Additional contact numbers and relationship to applicant of any other person who may collect them:

.....

The above information including the questions as to health and ability will be used by us to process your booking for the course including payment process and for attending to the participant's safety whilst on the course. Our full **Data Protection Policy** can be viewed via the Website www.cmyc.co.uk/members-area in the downloads section **PCF/18**