

Junior Sailor Details and Parental Consent Form **CONFIDENTIAL**

Junior Sailor's Details. **Name:**

Date of birth: **Age:**

Type of boat sailed..... **Sail number**

Next of kin: **Relationship:**

Emergency contact numbers:

Home:**Work:**

Mobile: **Email**.....

Doctor/Surgery:

It is your responsibility to make known any potential medical conditions or special needs that may affect you during the activities associated with the training programme or event you are taking part in. Please therefore provide as many details as possible. This information will be shared with the organisers and coaches at training and events.

Have you ever suffered from any of the following conditions. If Yes, please give details below

- | | | |
|-----------------------------------|-----|----|
| • Asthma/bronchitis | Yes | No |
| • Heart conditions | Yes | No |
| • Fits, fainting or blackouts | Yes | No |
| • Severe headaches | Yes | No |
| • Diabetes | Yes | No |
| • Travel sickness | Yes | No |
| • Allergies to medication | Yes | No |
| • Any other allergies | Yes | No |
| • Other illnesses or disabilities | Yes | No |

Are you currently taking any medication? If so, please give full details.

Do you have any food allergies? If so, please specify.

Do you have any special needs? If so, please specify.

Parental Consent

I, the parent/guardian of give permission to the CSC organisers of activities during junior sailing sessions 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 my son/daughter to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that I shall be notified, a.s.a.p., of the hospital visit and any treatment given by the hospital. I have read the 'Role of Parents' guidance and I understand and accept that photographs will be taken for training purposes and possible publication in the Club magazine or web-site.

Signed:**Name:** (please print)

Date: