



Course Application And Parental Consent For participants under 18 years



Please complete all sections in Block Capitals

COURSE TITLE

Please enter the name of the course /sessions being applied for.

Participant's details

First name	Surname/family name
Home Address	
Date of birth	Age

Parent/guardian/person with legal responsibility

First name	Surname/family name
Relationship to child	
Home Number	
Mobile Number	Email address

Alternative Emergency Contact:

First name	Surname/family name
Relationship to child	
Contact number during sessions	

Medical information

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

Is your child currently taking any medication? YES / NO

If YES please specify:

When did your child last have a tetanus vaccination?
Year:

Is your child currently suffering/recovering from any injuries which may affect their sailing? YES / NO

If YES please provide details:

Is your child vegetarian? YES / NO

Does your child have any food allergies? YES / NO

If YES please provide details:

Does 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:

Declaration of parent or person with legal responsibility

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

Medical consent

I give permission to the organisers of activities during the period (dates of event) 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 child 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, as soon as possible, of the hospital visit and any treatment given by the hospital.

Signed.....Parent/Guardian