

Weir Quay Sailing Club

Medical consent and emergency contact form

THIS FORM IS TRIPLE SIDED – PLEASE ENSURE YOU TURN OVER

Please complete all sections in Block Capitals

SAILOR DETAILS:

Sailor Name:		
Home Address:		
Date of birth:		Age:

EMERGENCY CONTACT:

Name:	
Relationship:	
Home Number	
Work Number	
Mobile Number:	

Alternative Emergency Contact:

Name:	
Relationship:	
Home Number	
Work Number	
Mobile Number:	

IF DIFFERENT FROM ABOVE:

Mother's Name:		Phone Number:	
Father's Name:		Phone Number:	

Have you joined the club as a cadet/student member? £16/£21	Yes/No
Have you joined the club as a family member? £60	Yes/No
Have you paid the Friday night training fee? £30 for 1 st member - £15 thereafter.	Yes/No

If you have a problem with paying membership fees, please contact Chris Coomber in the strictest confidence. email - wqsc@gearfinders.co.uk

Medical consent and emergency contact form - page 2

Doctors Name:		Number:	
---------------	--	---------	--

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

Have you ever suffered from any of the following conditions:

- | | | |
|-----------------------------------|-----|----|
| • 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 |

If you have answered yes to any of the above, please provide details in the box below.

When did you last have a tetanus vaccination? Year

Are you currently taking any medication? If so please specify:

Are you suffering or recovering from any injuries which may affect your sailing?

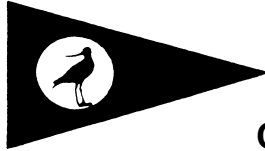
Are you vegetarian? Yes No Do you have any food allergies? If so, please specify:

Consent

I the parent/guardian of give permission to the organisers of activities on Friday evening sail training 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, as soon as possible, of the hospital visit and any treatment given by the hospital.

Signed: (parent/guardian) Name: (please print)

Date:



Weir Quay Sailing Club

Consent form for the use of photography or video

Weir Quay Sailing Club recognises the need to ensure the safety and welfare of children and young people taking part in boating.

Weir Quay Sailing Club will follow the guidance for the use of images, in the safeguarding policy, a copy of which is available from the Welfare Officer:
Katherine Duncan - 07809 628 168.

WQSC may arrange for images or videos to be taken at events/club related activities and published on the Club website or social media channels to promote the Club. If you agree to the use of images of your child being used for this purpose, please complete the form below.

Weir Quay Sailing Club will take all steps to ensure that images are used solely for the purposes for which they are intended. If you become aware that images are being used inappropriately you should inform the Welfare Officer immediately.

If you later wish to withdraw your agreement, please contact the Welfare Officer.
By agreeing to images being used, you agree to assign any copyright or any other right of ownership of these images to the WQSC

Consent

I (name of parent/carer)

consent to Weir Quay Sailing Club photographing or videoing

(Child's name).....

Signed: Date:

I (child's name)

consent to Weir Quay Sailing Club photographing or videoing my involvement in sailing

Signed: Date:

Contact Details: Preferred Email Addresses:

.....