

YOUTH GROUP SAILING CONTACT AND MEDICAL FORM

CHILD/REN NAME/S.....

RESPONSIBLE ADULT NAME:.....

ADDRESS.....

.....

EMAIL ADDRESS.....

TELEPHONE NUMBER.....

EMERGENCY CONTACT NAME.....

EMERGENCY CONTACT NUMBER.....

IS YOUR CHILD CONFIDENT IN THE WATER YES ☐ NO ☐

ARE YOU HAPPY FOR PHOTOS TO BE TAKEN AND USED YES ☐ NO ☐

DOES YOUR CHILD HAVE ANY ALLERGIES THAT WE SHOULD BE AWARE OF?

DETAILS.....

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF?

DETAILS.....

DECLARATION

I declare to the best of my knowledge that my child/ren is/are fit to participate in sailing activities and can swim at least 10m (if not water confident then please advise)

As the responsible adult I understand that I should be present for the sailing session and I am prepared to help with getting boats out and putting them away

SIGNATURE..... DATE.....