

JUNIOR – PARENTAL/ GUARDIAN DISCLAIMER – 2011

(Please complete using block CAPITALS)

Child's Name:

Date of Birth:

Child's Address:

Post Code:

In consideration of the acceptance of the above named child, to participate in the junior sailing activities of the Itchenor Sailing Club, I agree that I will not for myself or for the above named, hold the Club, its Officers, Members or assistants liable for any injury or damage or loss suffered by the above named, while engaged in Club activities either on Club premises or elsewhere, or activities for which the Club is or may be responsible and I will indemnify the Club, its Officers, Members and assistants against all actions, claims or demands which might arise.

I accept responsibility for his/her conduct while participating in the sailing programme within Chichester Harbour or adjacent waters and on or around the Club premises. I understand that the decision to allow the above named to participate in any race or training activity is my sole responsibility and I understand that the Racing Rules of Sailing will apply at all racing & training. I declare that the above named can swim 25m unaided. I understand and agree that my child may be photographed or filmed by the Club or its agents and the images used for promotional or training purposes and waive any copyright.

I understand that sailing, in common with all water sports, has its attendant risks. I further understand that the Club is only able to provide rescue facilities during the hours of Club racing/training and that, outside these hours, the Club cannot be expected to exercise supervision or control. I understand that, even during Club activities, the Club cannot accept responsibility for children or any other persons not engaged in racing or training.

RYA Senior Instructors or RYA Coaches do not accept responsibility for any loss, damage or injury suffered by persons and/or their property arising out of or during the course of their activities while training and/or coaching and/or instructing, unless such injury, loss or damage was caused by, or resulted from negligence or deliberate act.

I undertake to ensure that he/she will attend junior sailing activities suitably clothed, with long hair tied back and with a suitable personal floatation device. I accept responsibility for the seaworthiness of his/her boat and for its adequate insurance against third party claims to the sum of at least £3 million.

I declare that I have disclosed any medical problems that might possibly affect the above named child during the course of Itchenor Sailing Club's activities.

As the parent/guardian of the above named child I give permission to the organisers 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:

Full NAME:

Date:

Your Address:

Post Code:

Home Tel:

Mobile:

Email:

Relationship to Child:

Are you the child's next of kin? Yes No

If you marked No above please provide name of Next of Kin:

Mobile:

Daytime Landline:

Are you a Member of Itchenor Sailing Club? Yes No

Itchenor Sailing Club
JUNIOR MEDICAL FORM – 2011

Child's Name:

It is your responsibility to inform the Itchenor Sailing Club of any known or potential medical conditions that may affect the above 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 key organisers and coaches at training and events.

Has the above ever suffered from any of the following conditions?

Asthma/bronchitis	Yes <input type="checkbox"/> No <input type="checkbox"/>	Travel sickness	Yes <input type="checkbox"/> No <input type="checkbox"/>
Heart conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Allergies to medication	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fits, fainting or blackouts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>
Severe headaches	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other illnesses or disabilities	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>		

If you have answered Yes , to any of the above, please provide details:

Is the named person currently taking any medication? Yes No If Yes , please specify below:

Do they have a dietary requirement or food allergies? Yes No If Yes , please specify below:

FOR OFFICE USE ONLY:

Date Received: _____ By member of staff (initial): _____

MEDICAL FORMS MUST BE COMPLETED PRIOR TO GOING AFLOAT WITH THE CLUB