

Sailing Centre – Parental Consent Form



Please use this form for giving Young Persons (*Under 18 years old*) consent to partake in activities.
Please use one form per person, and use **BLOCK CAPITALS**

Young Persons Information

Name: Male: Female:
Age: Date of Birth: School:

Booking Information

Please state the course title and / or group/school name and date of activity

Course Title: Date(s):
Group Name:

Emergency Contact

Name: Mr/Mrs/Miss/Ms
Address:
 Postcode:
Telephone: Day: Evening: Mobile:
E-mail:

Essential Activity Information

Can the young person swim? YES / NO
How far can the young person swim? metres
Is the young person water confident? YES / NO

Medical Information

Does the young person suffer from any medical, physical, emotional, or behavioural conditions which may affect their safety during activities?
(i.e. claustrophobia, vertigo, asthma, heart condition, diabetes, epilepsy etc.)

YES / NO

If yes, please give details:

Is the young person currently undergoing any form of medical or psychological treatment, including any medication?

YES / NO

If yes, please give details:

Is the young person allergic to any food or medication?

YES / NO

If yes, please give details:

Has the young person had a Tetanus injection within the last 5 years?

YES / NO

Consent

PERSON WITH PARENTAL RESPONSIBILITY FOR YOUNG PERSON (under 18 years old) PLEASE COMPLETE THIS SECTION

I have read the Water Quality Information leaflet for Cardiff Bay and I have read and understood the Booking Terms and Conditions and agree that this booking is subject to the same.

I give consent for my child to take part in the activities specified above. I confirm that all of the information supplied herein is correct. I am over the age of 18 years. In the event of an incident or accident involving my child, I agree to my child receiving first aid from a suitably qualified person and/or any medical or dental treatment, including but not without limitation to anaesthetic and blood transfusion, which may be considered necessary by a registered medical practitioner.

We may occasionally film or take photographs of participants for publicity purposes, including reproduction on our website or social media.

If you **agree** to us using photographs or footage that include yourself/your child, please tick the box.

SIGNATURE: Date:

PRINT NAME:

RELATIONSHIP:

OFFICE USE ONLY

Date Received:

Signed.

Mae'r ffurflen hon hefyd ar gael yn Gymraeg / This form is also available in Welsh

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