

PAGHAM YACHT CLUB YOUTH CONSENT FORM 2017

Before taking part in **any** activity organised by Pagham Yacht Club, both sides this form **must be fully completed** by Parent/Guardian of youth member.

Name:	Age:	D.O.B:
Address:		
Postcode:	Tel:	# Mobile:
# Email:		
*Can He / She swim:	*Is He / She confident in water:	

I confirm that I am the legal Parent / Guardian* of the above named youth member and consent to their participation in Pagham Yacht Club organised activities. I am aware that water sports can be a hazardous activity.

I do / I do not* object to images of the above named youth member being used by Pagham Yacht Club for training or promotional purposes.

Print Name:	Signature:
Date:	
Address: :	
Postcode:	Tel:
# Mobile:	
# Email:	

Emails and mobiles are a useful means of contact. Any Email or text sent to a youth member will also be sent to the Parent / Guardian.

OTHER EMERGENCY CONTACTS NUMBERS.

Name:	Tel:
Name:	Tel:
Youth Members G.P.	
Name:	
Address:	
Tel:	

MEDICAL HISTORY

Please answer all questions below.

Does He suffer from any of the following?		
Asthma:	YES	NO
Angina:	YES	NO
Epilepsy:	YES	NO
Fainting or Giddy spells:	YES	NO
Any Heart condition:	YES	NO
Any other medical condition that Pagham Yacht Club should be aware of:	YES	NO
Is there any other reason why He / She should NOT participate in any activity organised by Pagham Yacht Club:	YES	NO
Is He / She undergoing any medical care, taking or reliant on any medication:	YES	NO

If answering **YES** to any of these questions, please provide details below.

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ALL INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST OF CONFIDENCE.

I confirm as Parent / Guardian* of
 that all of the information on this form is correct. And if the medical condition of the named youth member changes, I will inform Pagham Yacht Club immediately.

Print Name:
Signature:
Date:

* Delete as appropriate.