

Pagham Yacht Club Consent Form 2018

Before taking part in any activity organised by Pagham Yacht Club, this form must be fully completed. I am aware that water sports can be hazardous and I accept the terms in the disclaimer.

Participant contact details

Print Name	
Signature	
Address	
Email	
Contact No.	
Emergency Contact	
Name	
Contact No.	

About the Participant

Do you have any previous boating experience or qualifications? If yes? Please give brief details	
Can you swim 25 meters?	
In the interests of safety do you have any medical conditions or physical or mental impairments that PYC needs to be aware of?	Yes/No If you answer yes please provide further information on the reverse

MEDICAL INFORMATION AND INPAIRMENTS

If you declared that the participant has a medical condition, physical or mental impairment that Paghham Yacht Club needs to be aware of because it may impair their ability to participate please provide details below.

SPECIAL CATEGORY DATA

I confirm that I have given Paghham Yacht Club the medical information listed on this page (if any) for the purpose of participation. I understand this information will only be used for that purpose and will be retained for as long as necessary to comply with Paghham Yacht Club's legal obligations.

I agree / I do not agree (please circle)