

Youth Sailing @ Chasewater

Parental Consent Form 2010

Student's Name _____

Sailing is a **potentially dangerous** sport and it is therefore vital that the information supplied is accurate. Please inform us of any changes as and when they occur. Membership of YS@C is open to those in full time education between 11 and 21 years of age. **YS@C are unable** to provide training for children **under 10**. If the child is under 13, he/she may sail if a **Parent remains on site**. Any Parental assistance is very much appreciated. YS@C reserve the right to limit the number sailing at any time for any reason. Details, names, addresses etc. will not be given to 3rd parties and will only be used by YS@Chasewater.

| | |
|--|---|
| Parent's Name _____ Home Address _____ Email _____ Contact Number _____ | Students DOB _____ School _____ Sailing Club (if any) _____ Email _____ Contact Number _____ |
|--|---|

| | |
|---|---------------------------|
| <u>Emergency Contact Details</u> | |
| Name _____ | Telephone No _____ |
| Email _____ | Mobile No _____ |

Declaration by Parent/Guardian *(Delete as appropriate)*

1. Is your child confident in water and able to swim 50m clothed? YES / NO
2. Does your child have any condition that may limit his/her participation in sailing activities? YES / NO
 If YES please give full details:- _____
3. Do you consent to [YS@C](#) using names/photo's in promotional material? YES / NO
4. Do you consent to your child participating in sailing and associated activities at Chasewater or other locations under the supervision of [YS@C](#) officials? YES / NO
5. DO YOU GIVE PERMISSION FOR YOUR CHILD TO RECEIVE APPROPRIATE MEDICAL TREATMENT IN AN EMERGENCY, INCLUDING THE ADMINISTRATION OF ANAESTHETICS. YES / NO
6. Do you consent for your child to travel in a car belonging to an officer of YS@C in case of need? YES / NO

Declaration by Parent/Guardian *(Please initial each line)*

- | | <u>Initials</u> |
|--|------------------------|
| 1 I undertake to provide suitable warm clothing for sailing and a change of clothes. (Buoyancy aids and helmets will be provided.) | () |
| 2 I understand that the provision of personal insurance for my child is my responsibility. | () |
| 3 I understand that I am responsible for making arrangements for transporting my child to and from sailing. | () |

The Chase Sailing Club is an RYA Approved Training Centre and training will be carried out on an assessment basis each Saturday. This will count towards achieving the RYA Level 1, 2, 3 and 4 Certificates. We maintain a high level of safety in both terms of trained safety boat crews on the water and in the number of Instructors present during the sailing sessions.

Declaration by Parent/Guardian *(Please initial each line)*

- | | <u>Initials</u> |
|---|------------------------|
| 1 I agree to follow the instructions of all the Instructors and Safety Officers immediately. | () |
| 2 I understand that I am responsible for the care and return of all equipment used by me and that any damage / loss must be reported to an instructor. | () |
| 3 I understand that I must sign on before sailing each day, assist with putting equipment away at the end of sailing, and sign out when I am collected at the end of the morning. | () |

Signature of Student _____ Signature of Parent _____

Date _____