



Consent Form - Vulnerable Adults or Young People.

when completed, please return this form to:
Sue Lamb (sailing) or Graham Norton (sailboard) c/o
membership@halifaxsailingclub.org.uk
Postal address available on request

Participants details:

First name:	Surname/family name:
Home address:	Date of Birth:
	Age:

Parent/Guardian/ Person with legal responsibility:

First name:	Surname/family name:
Relationship to participant:	Mobile number: Home number:
Instructions on who can and cannot collect the participant:	

Alternate emergency contact:

First name:	Surname/family name:
Relationship with participant:	Mobile number: Home number:

Is there any additional information we may need to be aware of while the participant is at the club?

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Medical Information

It is important that we are aware of any medical, behavioural or educational issues which may affect the participant when sailing. This information will be kept confidential and shared only with the instructors on a need-to-know basis:

Please list any medical conditions which the participant suffers:
Please list any medication the participant currently takes:

Please list any educational or behavioural conditions the participant suffers which may affect them at the club:

Please list any additional information we need to be aware of (continue at the end of the form if necessary):

Is the participant able to swim 25 meters? Yes / No / with assistance

I consent to photographs and videos of the participant for training purposes and publishing on our website/Facebook etc: Yes / No

Sailing, like many other water sports, is a potential high-risk activity and subject to changing weather conditions. If in the opinion of the instructors the conditions on the day are unsafe (e.g. high winds) the practical sessions will be cancelled.

In an emergency situation we reserve the right to contact the emergency services who may wish to undertake appropriate emergency medical interventions.

Signed: Date:
as Parent / Guardian / Responsible person (delete as applicable).

Print signed name:

All information in this form will be kept confidential and shared only on a need-to-know basis