

**Saundersfoot Sailing Club**

**Instructor/Helper Contact Form**

*The information given on this form is for sail training purposes only.*

Name \_\_\_\_\_ Date of Birth(if under 18) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail Address \_\_\_\_\_

**First Contact:**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Second Contact:**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Please ensure that you complete the Medical Consent Form enclosed.**

**Please read and sign the following if the instructor/helper is under 18 years of age on the 1<sup>st</sup> April.**

**I am the Parent or Guardian of the above named and I confirm that all of the details given above to be correct. I confirm that he/she will be helping with sail training sessions at Saundersfoot Sailing Club and during these sessions, I will be within the vicinity of Saundersfoot and available for immediate contact.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

**Consent for use of photographs/video taken during club activities**

**Saundersfoot Sailing Club is keen to show images of our trainees/helpers/instructors enjoying club activities. May we have your permission to take photographs/video of you during your course/activity? If you are happy to give permission for us to use your image, please sign below. If you are under 18 years of age, your parent or guardian must sign this form.**

**I hereby give consent to the use of photographs/video of my child/dependent/self, and/or copies of this photographs in any editorial and or promotional material produced and/or published by Saundersfoot Sailing Club. This may include advertising on the Sailing Club website.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Confidential Medical Consent Form**

Name \_\_\_\_\_ Date of Birth (if under 18) \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_ Mobile \_\_\_\_\_

Name and Address of next of kin (to be contacted only in an emergency)

\_\_\_\_\_

\_\_\_\_\_

Telephone number of next of kin: Home \_\_\_\_\_ Work \_\_\_\_\_

Mobile \_\_\_\_\_

**Have you had or are you suffering from any of the following:**

Asthma or bronchitis	Yes/No
Heart condition	Yes/No
Fits, fainting or blackouts	Yes/No
Severe headaches	Yes/No
Diabetes	Yes/No
Allergies to any known medicine	Yes/No
Any other allergies e.g. material/food	Yes/No
Other illness or disability	Yes/No
Travel sickness	Yes/No

Are you suffering from any injury? Yes/No

Are you receiving any medication for any condition? Yes/No

**If the answer is YES to any of the above questions, please give details. It is your responsibility to make known any potential medical conditions that may affect your own personal safety during the activities associated with sail training.**

\_\_\_\_\_

\_\_\_\_\_

**Declaration**

**I consider myself physically fit to help with sail training at Saundersfoot Sailing Club and can swim 50 metres in light clothing with a buoyancy aid.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

(if under 18 see below)

**I am the Parent or Guardian of the above named and I confirm that all of the details given above to be correct. I confirm that he/she will be helping with sail training sessions at Saundersfoot Sailing Club and during these sessions, I will be within the vicinity of Saundersfoot and available for immediate contact.**

Signature \_\_\_\_\_ Date \_\_\_\_\_