

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 1st 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)

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Signature _____ Date _____