

CHSC

Junior Sailor Permission Form

Name.....Date of Birth

Parental/Guardian Permission to be photographed or video-taped

During the Sailing Course photographs may be taken as part of the programme.

I give permission for photographs and video of my daughter/son to be taken during the sailing course.

Signed

Date

Swimming Proficiency

Could you please tick the appropriate box:

My daughter/ son is

Average

Nervous

Confident

in the water.

Name of junior sailor

Parent/Guardian signature

Date

Crookhaven Harbour Sailing Club Health Form

Name: Date of Birth:

Is your daughter/son allergic to anything eg penicillin, aspirin, tetanus etc?

.....
.....

Please list any medical condition your son/daughter may have eg epilepsy, asthma etc.

.....
.....
.....

Is your daughter/son having any medical treatment at present? If so, please give details of medication which she/he may be on:

.....
.....
.....

Has your daughter/son been in contact with any infectious diseases within the last month? Please give details

.....

Has your daughter/son had an anti tetanus injection? If so, please give date approximately of last injection:

.....

Emergency Permission

I hereby give my permission to the Junior Organising Team/Instructor to sign for whatever medical treatment deemed necessary in an emergency for my daughter/son, (name of junior sailor)

Signature: (Parent/Guardian)

Date:

Please use this space for any further information

.....
.....
.....

