



**DOLPHINS/ CHAMPS/ RACE TEAM CONSENT**

**Registration:** Please complete the following form for your child.

Name ..... Date of Birth...../...../.....

Address .....

Post Code ..... Tel No..... E-Mail.....

**Please detail** Health / medical / other conditions that may affect your child while on the water

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.....  
.....

Any Medication/Assistance carried (e.g. inhalers, sugar etc.)? .....

Can your child swim? .....

Would you like your child to wear a helmet while on the water? .....

**Identification and Acknowledgement of Risk**

I acknowledge that there are risks involved in all water sports. I am also aware that other participant's actions and the actions or inaction of the organizers of the course can endanger safety. I undertake that my dependant will act responsibly and follow the directions given by the instructors or the safety boat crew.

Signed..... Print Name.....

Date ...../...../.....

**Emergency Contact Telephone Number** .....

**Parental Consent**

I agree to the instructor/coach acting in loco parentis for my dependant. I have made arrangements for my dependant to be collected promptly at the end of each session. I also agree to the appropriate photographing or videoing of my dependant solely for the purposes of assisting in their training or for Club archives or publicity.

Signed.....(Parent/Guardian) Date .....

**Child's Agreement**

I (insert name).....agree to Chanonry Sailing club photographing or videoing my involvement in sailing

Signed..... Date.....

*Data Protection Act 1998. The information provided by you on this form is required for the purpose of processing bookings for activities and for ensuring the health and well-being of your child whilst participating in activities at Chanonry Sailing Club.*