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| --- | --- | --- | --- |
| **Participant** | **Name** | **DoB** | **Age (at 1st January)** |
|  |  |  |
| **Parent or guardian** | **Name** | **Relationship** | **Contact no(s)****(contactable during activity)** |
|  |  |  |
| **Alternative responsible adult contact** | **Name** | **Relationship** | **Contact no(s)****(contactable during activity)** |
|  |  |  |
| **Known medical****conditions which could affect participation** | **Medical condition** | **Medication to be carried****(must be supplied by parent/guardian)** |
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|  |  |
| **Medical treatment** | I authorise ELYC to administer first aid if necessary. In an emergency ELYC activity leaders will make every effort to contact me on the numbers given above. In the event that I cannot be contacted I authorise ELYC to arrange for my child to be taken to hospital. I give my permission for any urgent treatment to be carried out in accordance with the hospital diagnosis. |
| **Photo and video consent statement** | I give ELYC permission to use photo and video for training feedback purposes and for appropriate publicity which may include the club website and the local press. ELYC recognises the need to ensure the safety and welfare of children and young people taking part in sailing activities. Any inappropriate use of images posted by ELYC should be reported to the Child Protection Officer immediately. |
| **Signing out** | Participants in ELYC sailing activities must sign out each session. I understand that by signing out, participants are stating that they have considered the prevailing conditions, taken advice from experienced sailors if appropriate and that they feel able to cope.ELYC reserves the right to prevent an under-18 participant leaving the shore or to otherwise curtail participation if it is considered that conditions are beyond the ability of the participant or would place the participant or others at increased risk. |
| **Risks** | Water-based activities can be hazardous. ELYC activity leaders will assess the conditions and immediate forecast as part of the session planning, and do everything possible to keep all participants safe. I accept the judgement of ELYC activity leaders as to whether a water-based activity goes ahead, and the associated risks. |

**I have read and understood this form. All the information provided is correct and up-to-date. I undertake to inform ELYC timeously of any change in the information provided here.**

**Signature (parent/guardian)………………………………………………………………….…………. Date …………….…………..**