



County Antrim Yacht Club
Consent Form for
RYA Youth Scheme & Race Training Sessions
(Includes Confidential Medical Information)

NAME :(Capital Letters).....

Course: Date(s) Start Time:Finish:

Are you an existing Member.....if No – Please complete a Membership form

Date of birth..... Age..... Male Female

Home address.....

Post Code..... Email

Telephone No. (Home).....(Work).....(Mob).....

Name and address of next of kin (to be contacted only in the case of an emergency)

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Telephone number of next of kin:
 Home.....Work.....Mob.....

In the unlikely event of an accident, do you give your permission for your child to be attended to by a Doctor and/or to be taken to a Hospital? **YES/NO** (Delete as appropriate). Under these circumstances you will of course be contacted immediately.

Has your (child / ward) had 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 |
| (Type) | |
| Allergies to any known medicine | YES/NO |
| Any other allergies, e.g. material, food | YES/NO |
| Other illnesses or disability | YES/NO |
| Travel sickness | YES/NO |
| Regular medication | YES/NO |

Is he /she receiving any medication for any condition? YES/NO

Is he / she suffering from any injury? YES/NO

If the answer to any of these questions is YES please give details

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It is your responsibility to make known any potential medical conditions that may affect the personal safety of your child/ ward during the activities associated with the course/event.

Data Protection: Do you give permission for the use of photographs of your child in Club publications / website
 YES/NO

Declaration by Parent or Guardian

I consider my (child/ ward) physically fit to take part in the course and can swim 25-50 metres in light clothing with a buoyancy aid.

Parent / Guardian (PRINT NAME IN BLOCK CAPITALS)

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