

# Largo Bay Sailing Club

RYA Affiliated Club Established 1959



## Personal details

Young Person's name

Date of birth

Gender

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## Contact details

Name of Parent / Guardian

Address / Postcode

Phone number

Mobile number

Email

Alternative contact name & address

Relationship to young person

Alternative phone number(s)

House:

Mobile:

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## Medical details

Doctor's name:

Doctor's address

Doctor's phone number:

## Medical conditions

Please give details of medical conditions (e.g. asthma, epilepsy, diabetes, dietary needs); disabilities or medicines:

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## Parental Consent

In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment, including an anaesthetic and / or blood transfusion:

Yes [ ] No [ ] (please tick)

I am willing to take my child to and collect my child from the sailing club and inform the person in charge of the children that my child has arrived or is leaving:

Yes [ ] No [ ] (please tick)

If I am unable to drop off or collect my child personally, I will ensure that LBSC is kept informed as to who will be there instead of me:

Yes [ ] No [ ] (please tick)

Photographs shall be taken for publicity reasons (e.g. newspapers, LBSC website and LBSC Facebook page). Names shall be added, but no personal details given without further consent.

Yes [ ] No [ ] (please tick)

Video and photos are also taken for the LBSC archive and as mementoes. Photos and videos shall only be taken in public places and with everyone's consent. Under these circumstances, I agree to my child being photographed:

Yes [ ] No [ ] (please tick)

Parent's/Guardian's signature

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Young Person's signature

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