

# Sailing Centre – Parental Consent Form



Please use this form for giving Young Persons (*Under 18 years old*) consent to partake in activities.  
Please use one form per person, and use **BLOCK CAPITALS**

## Young Persons Information

Name:  Male:  Female:   
Age:  Date of Birth:  School:

## Booking Information

Please state the course title and / or group/school name and date of activity

Course Title:  Date(s):   
Group Name:

## Emergency Contact

Name: Mr/Mrs/Miss/Ms   
Address:   
 Postcode:   
Telephone: Day:  Evening:  Mobile:   
E-mail:

## Essential Activity Information

Can the young person swim? YES / NO  
How far can the young person swim?  metres  
Is the young person water confident? YES / NO

## Medical Information

Does the young person suffer from any medical, physical, emotional, or behavioural conditions which may affect their safety during activities?  
(*i.e. claustrophobia, vertigo, asthma, heart condition, diabetes, epilepsy etc.*)

YES / NO

If yes, please give details:

Is the young person currently undergoing any form of medical or psychological treatment, including any medication?

YES / NO

If yes, please give details:

Is the young person allergic to any food or medication?

YES / NO

If yes, please give details:

Has the young person had a Tetanus injection within the last 5 years?

YES / NO

## Consent

### PERSON WITH PARENTAL RESPONSIBILITY FOR YOUNG PERSON (under 18 years old) PLEASE COMPLETE THIS SECTION

I have read the Water Quality Information leaflet for Cardiff Bay and I have read and understood the Booking Terms and Conditions and agree that this booking is subject to the same.

I give consent for my child to take part in the activities specified above. I confirm that all of the information supplied herein is correct. I am over the age of 18 years. In the event of an incident or accident involving my child, I agree to my child receiving first aid from a suitably qualified person and/or any medical or dental treatment, including but not without limitation to anaesthetic and blood transfusion, which may be considered necessary by a registered medical practitioner.

We may occasionally film or take photographs of participants for publicity purposes, including reproduction on our website or social media.

If you **agree** to us using photographs or footage that include yourself/your child, please tick the box.

SIGNATURE:  Date:

PRINT NAME:

RELATIONSHIP:

## OFFICE USE ONLY

Date Received:

Signed.

*Mae'r ffurflen hon hefyd ar gael yn Gymraeg / This form is also available in Welsh*

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