



RYA Scotland
Shetland Schools Sailing Project
May – June 2006

PARENTAL CONSENT FORM

1. PARTICIPANT DETAILS

Name of Participant _____ M/F

Age: _____ Date of Birth: _____

Height: _____ Weight: _____

Address: _____

Tel. No. _____ Email: _____

2. DETAILS OF ACTIVITY

Please insert the name of the Boating Club at which your son/daughter will be sailing and on which date/s:

Club _____ Date/s _____

Approx start times _____ Approx end times _____

3. MEDICAL INFORMATION

- Does your son/daughter suffer from any condition requiring medical treatment or medication? YES/NO If yes give brief details.

- If your son/daughter needs medicines to be held and administered by leaders, please give brief details:

- Is your son/daughter allergic to any medication? YES/NO?

If yes please specify: _____

- Has your son/daughter received a tetanus injection in the last 5 years? YES/NO

If yes, please state when. _____

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4. ADDITIONAL INFORMATION

- Does your son/daughter have any disabilities or Additional Support Needs? YES/NO

If yes, please give brief details _____

- Does your son/daughter have any special dietary requirements? If yes please give brief details

- Please state your son/daughter's swimming ability: _____

5. EMERGENCY CONTACT

Name: _____

Daytime Tel: _____

Address: _____

Work Tel.: _____

If not available please contact:

Name: _____

Daytime Tel: _____

Address: _____

Work Tel: _____

Doctor: Tel: _____

6. DECLARATION

If aged under 16 years this declaration must be completed by a parent or guardian.

- I agree to my son/daughter taking part in this sailing project and agree to participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour.
- I agree to my son/daughter receiving emergency treatment, including anaesthetic, as considered necessary by the medical authorities present.
- I undertake to inform the instructor in charge of any changes in the medical circumstances between the date signed and the date of the sailing activity.

Signed: _____

Date: _____

Name: _____

parent/guardian/participant.

(Please Print)

This form must be submitted to the instructor in charge BEFORE the sailing activity takes place. NO CONSENT FORM – NO SAILING.