

Worcestershire Youth Sailing Association

PARENTAL CONSENT FORM



Name of Sailor DOB

I consent to my son/daughter (named above) taking part in all WYSA / UWSC activities at Aztec Upton Warren from 1st April 2019 to 31st March 2020.

I agree to my son/daughter (named above) being given essential medical or dental treatment, including the administration of a general anaesthetic, and/or surgical operation, if qualified medical opinion believes such treatments to be necessary. I hereby authorise a WYSA / Aztec Upton Warren member of staff or volunteer to consent to such treatment on my behalf, in the case of extreme emergency, and if efforts to contact me are unsuccessful.

If my son/daughter will be sailing their own boat during training or racing sessions at Upton Warren, I confirm that they have valid insurance with third party liability insurance with a minimum cover of at least £2 million. I confirm that my son/daughter can swim at least 50 metres in light clothing. I have listed below details of any medical condition that could affect the safety of my son/daughter or others.

Please give details of **ALL** medical conditions we need to be aware of (continue overleaf if there is insufficient space).

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EMERGENCY CONTACT

List below **ALL** telephone numbers which could be used to contact a parent / guardian in an emergency.

Contact 1

Name and Relationship to Sailor
Telephone – Home, Mobile and Work

Contact 2

Name and Relationship to Sailor
Telephone – Home, Mobile and Work

The information you provide in this form will be used solely for dealing with you as a member of Worcestershire Youth Sailing Association. The Association has a Data Protection Policy which can be found both on the Association website and displayed on the Association noticeboard. Your data will be stored and used in accordance with this policy.

If any medical or contact details change, it is your responsibility to complete a new WYSA Consent Form and give to WYSA Secretary so that WYSA records can be updated.

WYSA may from time to time use photographs of youngsters on our website or social media channels, to promote the Association. If you consent to your image being used by the Association in this way, please tick here.

Signed (Parent/Guardian) Date

Status of person signing this declaration.....

Information given on this WYSA Consent Form is required in order for sailors to be able to take part in WYSA events. Information will be used by WYSA and Aztec staff and volunteers, and stored in a secure place. Information will not be shared with any other person or organisation.

Please return this completed and signed form to Sarah Cairns, WYSA Secretary, 44 Clifford Road, Droitwich, WR9 8UR, or email to sl.cairns@talktalk.net