



COLNE YACHT CLUB

## CADETS' CONSENT and INFORMATION FORM 2018

Please complete and sign all three parts of this form. Please complete a separate form for each Cadet.

Saturday Morning Cadets commences on Saturday 5th May 2018 and Activity Week will commence on Monday 23rd July through to Friday 27th July 2018.

Please indicate below the extent of your child's participation:

Saturday Morning Cadets

Activity Week

Both

Name of Cadet

DOB

Address

Parent/Guardian

Email

Home Number

Emergency contact number

1. I agree to my son/daughter attending and to his/her participation in any of the activities organised for the year.
2. I have ensured that he/she understands the importance of his/her safety and the safety of the group complying with the rules and instructions given by the people in charge.
3. I accept that I might be asked to bear the cost of any loss or damage that he/she causes which is not covered by the Club's insurance.
4. Life jackets/buoyancy aids must be worn at all times when on or near the water and suitable clothing must be worn at all times, including appropriate footwear. A towel and change of clothing are required.
5. No Cadet is allowed to launch their boat until there is a Club safety boat afloat.
6. I can confirm my child is able to swim ..... meters and can participate in water-based activities

I have read and agree to the terms set out above. I have also completed and signed the Medical and Photography sections contained in this form, and in the event that there are any changes to his/her medical condition or to the emergency contact details, the onus is with me to Inform Colne Yacht Club of these changes.

I understand that the Cadet activities will be carried out under supervision, but due to the nature of the sport there is always an element of risk and those decisions for my son/daughter to go sailing remains with me.

Full name of parent/guardian

Signed

Date

# MEDICAL CONSENT

It is the responsibility of parents/guardians to make known any potential medical conditions that may affect their child during the activities associated with the CYC Cadet programme he/she will be taking part in. Therefore, please provide as many details as possible. This information will be shared with the organisers, coaches and instructors at events and training.

Has the Cadet named on the front page ever suffered from any of the following conditions (please tick yes or no for each question)?

[> Asthma/bronchitis	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
[> Any heart condition	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
[> Fits, fainting or blackouts	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
[> Severe headaches	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
[> Diabetes	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
[> Travel sickness	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
[> Allergies to medication	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
[> Any other allergies	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
[> Other illnesses or disabilities	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

If you have answered yes to any of the above, please provide details here

Is he/she taking any medication? If so please specify

When did your child last have a tetanus vaccination?

Is he/she suffering/recovering from any injuries which may affect his/her sailing? Please give details

Please give details if the Cadet is a vegetarian or has any special dietary requirements or food allergies

I am the parent/guardian of the Cadet named on the front page of this form and give my permission to the Colne Yacht Club to administer any relevant treatment or medication to my child during Cadet activities that he/she is engaged in with the Club when or if necessary. In an emergency I authorise the Club to take my son/daughter to hospital; and give my full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment administered by the hospital.

Full name of parent/guardian (please print)

\_\_\_\_\_

Signed

Date

\_\_\_\_\_

# MEDICAL EMERGENCY INFORMATION

## EMERGENCY CONTACT:

Address (if different to that shown on front page of this form)

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Name of contact

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Relationship

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Home number

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Work Number

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Mobile Number

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## ALTERNATIVE EMERGENCY CONTACT:

Name of contact

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Relationship

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Home number

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Work Number

---

Mobile Number

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## IF DIFFERENT FROM ABOVE:

Mother's name

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Mobile number

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Home number

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Work number

---

Father's name

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Mobile number

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Home number

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Work number

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## DOCTOR DETAILS:

Doctor's name

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Surgery number

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ANY OTHER USEFUL EMERGENCY CONTACT INFORMATION

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# PHOTOGRAPHY CONSENT

Colne Yacht Club recognises the need to ensure the safety and welfare of children and young people taking part in boating activities. In accordance with our Child Protection Policy, we will not arrange for photographs, video or other images of young people to be taken or published without the consent of the parents/guardian and children.

Colne Yacht Club will abide by the Conditions of Use below. If you have any concerns about the how images are being used, you should immediately inform the Club's Child Protection Officer, the Cadet Skipper or the Flag Officer in charge of Cadets.

## CONDITIONS OF USE OF IMAGES:

1. We will not re-use after your child (named on the first page of this form) has left the Cadet section of Colne Yacht Club
2. We will normally only identify a child by reference to the child's first name.
3. We will not use personal details or full names (ie. first name and surname) of any child to accompany photographic images on video, on our website, in our Club brochure or any other printed publications without good reason. 'Good reason' includes the full name of the child in a newsletter to Club Members if the Cadet has won a trophy or award.
4. We will not include personal email or postal addresses, telephone or fax numbers on video, on our website, in our Club brochures or other electronic or printed publications.
5. We may use group photographs or footage with very general labels such as 'Cadet Activity Week'.
6. We will only use images of children who are suitably dressed to reduce the risk of such images being used inappropriately.

## DECLARATION OF PARENT OR PERSON WITH LEGAL RESPONSIBILITY:

- |                                                                                                                                                                                                                 | YES                      | NO                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. I agree that photographs of my son/daughter (named on the front page of this form) may be used in Colne Yacht Club's brochure and other printed publications.                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I agree that photographs of my son/daughter (named on the front page of this form) may be used on Colne Yacht Club's website.                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I agree that photographs of my son/daughter (named on the front page of this form) may be filmed by the media and the images used in local or national newspapers, televised news programmes etc.            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Certain sailing magazines require full names in sailing reports and to accompany pictures of prize winners. May we give this information to reputable sailing magazines such as <i>Yachts and Yachting</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |

I have read and understood the conditions of use of images set out above.

I agree to notify Colne Yacht Club of any relevant changes in my child's circumstances. I confirm my child is not under a Court Order.

Full name of parent/guardian

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Signed

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Date

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