



WIYC Sailing Cadets

Parental Consent form

Revised May 18

Wednesday evenings, May to September, approx 6pm-8pm, from Ledaig slip, subject to weather.

PARTICIPANT DETAILS

Name : _____

Current Membership of WIYC : Junior or Family

Do you have any previous boating experience or qualifications ? Yes No

If yes, please give brief details :

Can you swim 25 metres ? Yes No

In the interests of your safety do you have any medical conditions or physical or mental impairments that the Club needs to be aware of that may affect your ability to take part in Cadets ?

Have you read and agree the Club Code of Conduct (available on wiyc.org.uk) ? Yes No

Signed (Participant) : _____ Date : _____

PARENT/GUARDIAN DETAILS

Name of parent/guardian completing this form : _____

Relationship to participant : _____

Address : _____

Contact no. : _____

Email address : _____

Emergency contact number during Cadets : _____
(not required if attending in person)

RISK STATEMENT

It must be recognised that sailing is by its nature an unpredictable sport and therefore inherently involves an element of risk. By taking part in Cadets, you agree and acknowledge that:

- (i) You are aware of the inherent element of risk involved in the sport and you accept responsibility exposing yourself to such inherent risk whilst taking part;
- (ii) You will comply at all times with the instructions of the Adult Volunteers particularly with regard to handling of boats, wearing of buoyancy aids and the wearing of suitable clothing for the conditions;
- (iii) You accept responsibility for any injury, damage or loss to the extent caused by your own negligence;
- (iv) You will not participate in Cadets if your ability to participate is impaired by alcohol, drugs or if you are otherwise unfit to participate;
- (v) You will inform the WIYC Secretary if there have been any changes to the information provided on this form during the season;
- (vi) The provision of safety boat cover is limited to such assistance as can be practically provided in the circumstances;

MEDICAL TREATMENT (if Parent/Guardian not on site)

I give permission to the organisers to administer any relevant treatment or medication to the above-named participant when or if necessary. In an emergency situation I authorise the organisers to take my child 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 given by the hospital.

USE OF YOUR CHILD'S IMAGE

The Club may arrange for images or videos to be taken at Cadets and published on the Club website or social media channels. If you agree to the use of images of your child being used for this purpose, please tick here :

If you later wish to withdraw your agreement, please contact the Club Secretary. Please be aware that if you later decide to withdraw your agreement it will not be possible to remove your image from any printed material in circulation, or until the next edition or print of the item containing your image is released. By agreeing to images being used, you agree to assign any copyright or any other right of ownership of these images to the Club.

PARENT/GUARDIAN AGREEMENT

I agree that _____ may take part in Cadets. I confirm that I have read through the above conditions with him/her and that she/he understands and agrees with them. I also confirm that he/she takes part in Cadets with my full agreement that that the particulars given above are correct and complete in all respects.

Signed : _____

Date : _____