

SUMMER JUNIOR TRAINING
COURSE
MON 30th JULY- FRI 3rd AUGUST
2012



ROYAL HARWICH
YACHT CLUB
WOOLVERSTONE

ROYAL HARWICH YACHT CLUB with SUFFOLK WATER SPORTS ASSOCIATION

UNDER 16 HELPER FORM

Name of childDate of Birth.....

Parents' first names & surname

Address

.....Postcode.....

E-mail

Telephone numbers
Day
Evening.....
Mobile.....

Please confirm the child is a member of RHYC YES / NO
(Please note the child must be a member in their own right / a family member)

HEALTH Please state in confidence any relevant illness, medical condition or other health related matter concerning your child.

.....
.....

SWIMMING/CONFIDENCE IN WATER

My child can swim 50m

YES / NO / WITH BUOYANCY AID ONLY

SAILING Previous sailing experience (if any) and where gained (include type of dinghy if known). Please include details of any RYA qualifications held.

.....
.....

..... continued
overleaf

PHOTOGRAPHY

There may be opportunities for photography during the activities of the course either informally or by an official photographer. If you do NOT wish your child to be photographed please tick the box.

I confirm that my child named above is a member of RHYC and that he/she participates in the course with my knowledge and permission.

My child is in good health and I consent to him/her taking part in these activities. I acknowledge that the staff will be liable in the event of any accident only if they have failed to take reasonable care of my child during the activity. I fully understand that, although every effort will be made to ensure the safety of each child, accidents do sometimes happen which are beyond the reasonable control of the organisers and for which they cannot be held responsible.

I consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.

I am aware of the issues concerning Weil's Disease (see information sheet).

Signed (Parent or Guardian) Date