

Salcombe Dinghy Sailing

Parental Consent Form

Proposed date for Sailing _____

Details

First Name: _____ Surname: _____ Age _____

First Name: _____ Surname: _____ Age _____

First Name: _____ Surname: _____ Age _____

First Name: _____ Surname: _____ Age _____

First Name: _____ Surname: _____ Age _____

First Name: _____ Surname: _____ Age _____

Name of Parent / Guardian: _____

Contact Number: _____ Relation: _____

Name of Other Contact: _____

Contact Number: _____

Doctors Contact Details

Name of Doctor: _____

Daytime Tel: _____

Surgery Address: _____

It is your responsibility to make known any disability / medical condition that may affect your child during their time Sailing, and any medication they require. This information will be shared with the Instructors.

Consent to Medical Treatment: I agree to my son / daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, as considered necessary by the medical authorities present.

Consent for use of Images: I grant to Salcombe Dinghy Sailing Ltd, without payment, the right to make, use and show any motion pictures, still pictures and live, taped or filmed television of or relating to Sailing.

Signed: (Parent / Guardian) _____

Name: (Please Print) _____ **Date:** _____

Thank You