

CLYC Course Application, Medical & Other Consent Forms

Course Title

Course Start Date

NAME	
Address 1	
Address 2	
Post Code	
Telephone	
Mobile	
Email.	

If under 18 please supply mobile / telephone numbers of parents / guardians

1.....2.....

Emergency Contact Name & Telephone (Daytime).....

Own boat supplied yes / no if yes state type

If not supplying own boat please confirm that you wish to avail of a hired boat at additional cost of **£ 40.00** per week.

In the case of children (ie under 18) Parent / Guardian is requested to indicate by ticking appropriate boxes below which half days you would be available for shore duty. If you would prefer not to do shore duty we can provide cover for you at an additional cost of £25.00 per session.

(If you have more than one child on the course you will have to do more than one session)

Monday	Tuesday	Wednesday	Thursday	Friday
am pm	am pm	am pm	am pm	am pm

Please indicate on the attached Medical Consent form if your child has any medical condition.Course Fee.....**£ 125.00**Boat Hire from CLYC..... **£**Shore Duty Cover..... **£**TOTAL..... **£**

Please make cheques payable to C.L.Y.C.

Completed forms along with payment (Cheques payable to CLYC) should be sent directly to
Cathy O'Hare, Sennen House, Rostrevor Road, Warrenpoint, BT34 3RT

Please note that places will only be allocated on receipt of completed application forms and fee. You will receive confirmation of places by email so **please ensure** to provide us with email address above. Please use separate application form for each course / applicant.

I agree to participate in the above course and allow my son / daughter to participate in the above course, and agree to abide by the rules of CLYC as provided in the clubs constitution

Signed
(Parent / Guardian if under 18)

Date

For CLYC use only

Date recd.

CLYC Child Protection Form

Please complete all sections below in Block Capitals with respect to all children under 18 years old

For more information, please read the
CLYC Child Protection Policy & Guidelines

Do you consent to:

	Yes or No
1. Photos of your children being published on any Club promotional material, including the website?	
2. Your children being photographed or filmed by the media and the images used in local or national newspapers, televised news programmes etc?	
3. Sailing magazines publishing full names in sailing reports to accompany prizewinner pictures?	

Children's Names	Age

Signed
(Parent or Guardian)

Date

Medical Consent and Emergency Contact Form

Please complete all sections in Block Capitals

SAILOR DETAILS:

Sailor Name:	
Home Address:	
Date of birth:	
Age:	

EMERGENCY CONTACTS:

Emergency Contact

Name:	
Relationship:	
Home Number	
Work Number	
Mobile Number:	

Alternative Emergency Contact:

Name:	
Relationship:	
Home Number	
Work Number	
Mobile Number:	

IF DIFFERENT FROM ABOVE:

Mother's Name:		Mobile Number:	
Home Number		Work Number:	
Father's Name:		Mobile Number:	
Home Number		Work Number:	

DOCTOR DETAILS:

Doctor's Name:		Work Number:	
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It is your responsibility to make known any potential medical conditions that may affect you during the activities associated with the programme you will be taking part in. Please therefore provide as many details as possible. This information will be shared with the organisers and coaches at events and training.

Have you ever suffered from any of the following conditions:

- | | | |
|-----------------------------------|-----|----|
| • Asthma/bronchitis | Yes | No |
| • Heart conditions | Yes | No |
| • Fits, fainting or blackouts | Yes | No |
| • Severe headaches | Yes | No |
| • Diabetes | Yes | No |
| • Travel sickness | Yes | No |
| • Allergies to medication | Yes | No |
| • Any other allergies | Yes | No |
| • Other illnesses or disabilities | Yes | No |

If you have answered yes to any of the above, please provide details in the box below.

When did you last have a tetanus vaccination? Year

Are you currently taking any medication? If so please specify:

Are you suffering/recovering from any injuries which may affect your sailing?

Are you vegetarian? Yes No Do you have any food allergies? If so, please specify:

Consent

I the parent/guardian of give permission to the organisers of activities during the period (dates of event) 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 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 given by the hospital.

Signed: (parent/guardian)

Name: (please print) Date: