

Royal Torbay Yacht Club

Torbay Royal Regatta 2017

Parental Declaration and Junior Medical Form

PARENT/GUARDIAN DECLARATION FORM

Sailor's Name:

Sail Number:

Sailing club:

Name of Parent/Guardian:

Home phone no:

Mobile no:

E-mail address:

Home address:

Parent/carer Declarations

I confirm that the above named sailor is my legal dependent and I would like him/her to participate in the Torbay Royal Regatta 2017 and I confirm that my dependent is competent to take part.

I will be responsible for my dependent at all times and available at the event venue including during the time my dependent is afloat, or I will provide the event organisers with the name and details of a person at the event venue who has agreed to be responsible for my dependent.

During any racing or training event the boat I supply for my dependent will have valid third party insurance of at least £2m or the equivalent in another currency. I will supply the event organisers with a completed Medical Form for my dependent.

I confirm that my dependent will be bound by the Racing Rules of Sailing and all other rules that govern this event. In particular, I confirm that we have read the Notice of Race and accept its provisions and agree that my boat will conform to the requirements set out in the Notice of Race throughout the event.

Photography consent:

I note that photographs may be taken during Royal Torbay Yacht Club events, both on and off the water, and I consent to these being published in Club publications and/or on the Regatta/Club website and those of any authorised photographers. I consent to the photographs being used for marketing and editorial purposes of the Royal Torbay Yacht Club in media worldwide. I also consent to the names of event participants being published in Club publications and/or on the Regatta/Club website.

The provision of patrol boats does not relieve owners and sailors of their responsibilities.

Signature of parent/carer:.....Date.....

Name:.....

Date of Birth:.....Age:.....

Next of Kin:.....Relationship:.....

Emergency Contact Details:

Home:.....Work:.....

Mobile:.....

Doctor:.....Tel:.....

It is your responsibility to make known any potential medical conditions that may affect you during the activities associated with the event you are taking part in. Please therefore provide as many details as possible. This information will be shared with the event organiser. 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.

Are you currently taking any medication? If so please specify

Consent I the parent/ carer of.....give permission to the organisers of Torbay Royal Yacht Regatta to administer any relevant treatment for medication to the above named participant when and 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 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/ carer)

Name: (please print).....Date:.....