

# Salcombe Dinghy Sailing

## Parental Consent Form

Proposed date for Sailing \_\_\_\_\_

### Details

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Age \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Age \_\_\_\_\_

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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.

**Please do not send your children to attend their Sailing lessons if they are feeling unwell or experiencing any symptoms of COVID-19.**

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:** \_\_\_\_\_