



# Leicestershire and Rutland Youth Sailing Association

## LRYSA PARENT / GUARDIAN CONSENT FORM

Sailing Session:	Date:	Sail No:
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Sailor Name:	DOB:	
<hr/>		
Address:		
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Tel No:	Mobile No:	
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It is your responsibility to make known to us any potential medical conditions that may affect your child during the activities associated with this session. Please therefore provide as many details as possible. Has your child ever suffered from any of the following conditions?

Asthma/bronchitis	<b>Yes</b>	<b>No</b>
Heart conditions	<b>Yes</b>	<b>No</b>
Fits fainting or blackouts	<b>Yes</b>	<b>No</b>
Diabetes	<b>Yes</b>	<b>No</b>
Allergies to <b>medication</b>	<b>Yes</b>	<b>No</b>

If you have answered yes to any of the above, please provide more details and also any other illnesses or disabilities we should be aware of:

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Name of Doctor Surgery:	Tel No:
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What best describes your child's Swimming ability? (please circle)  
Nervous in water      Non-swimmer, but confident in water      Can swim 25-50 metres

**In signing this form you consent to the following with regards to the Sailor (your child or dependant) as named above**

Medical Treatment: Any medical treatment administered by a Qualified First Aider if it becomes necessary.

Loss, Damage or Injury: The LRYSA accepts no responsibility for loss, damage or injury caused by or during attendance of this event except where such that can be shown to result directly from the negligence of the LRYSA.

Use of images: Full rights to the LRYSA to use images resulting from any photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group's aims.

<b>Person appointed in loco parentis (if any)</b>	<b>Tel:</b>
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<b>Name of Parent / Guardian:</b>	
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<b>Address:</b>	
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<b>Telephone Numbers:</b>	
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<b>Signature:</b>	
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