

***Consent/Parental Consent and medical form for Watersports at**
 The Berkshire Sail Training Centre, Hangar Road,
 Sulhamstead, Reading, Berkshire. RG7 4AP.



To include sailing, rowing, paddling, improvised
 raft building and windsurfing. Email: info@BerkshireSailing.co.uk

*** Delete as necessary**

School/Group:	
Student's Name:	Date of Birth:
Home address:	
Post code	NHS No:
Contact in case of an emergency Name:	Contact Number:
Are *you/your son/daughter receiving any medical treatment at the moment? If so please give details:	
Please give details of any medical conditions or special needs that might effect *your/your son's/daughter's performance or safety on this activity: Please note this will not debar anyone from participating.	
Please give your family's doctor's name, address and telephone no:	
Can *you/your son/daughter swim 50 metres and keep afloat for 5 minutes in ordinary clothes?: *Yes/No.	

Declaration

1. I consent to my *son/daughter participating in the watersports activities at The Berkshire Sail Training Centre, Hangar Road, Sulhamstead, Reading, Berkshire. RG7 4AP. Tel: 0118 9303467
2. I undertake to inform the Group Leader in the event of any changes in *my *son's/daughter's fitness to participate in these activities.
3. I have ensured that I/my son/daughter understands, as far as is reasonably possible, that it is important for *my/his/her safety and the safety of the group as a whole that any rules and instructions given by staff in charge are obeyed.
4. I agree to members of staff giving permission for my child to receive medical treatment in an emergency.
5. *I have no objection to the name & address details on this form being stored on the Centre's computer which may be used for marketing purposes by the Centre.
6. All forms will be stored and processed by the Centre in accordance with the Data Protection Act 1998. There is no intention to release this information outside the Centre. Any queries must be submitted in writing.

Signed	Date
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Please indicate relationship to child:
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