

**Youths Summer
Camp 2017**

**Age range: 10 to 17
year olds**



**Dates: Friday 28th July
from 2pm until
Saturday 29th July at 5pm
£20 to include food and activities**

SAILORS NAME:	M / F	SAILORS EMAIL:
DOB: Age on the date of the camp:		SAILORS HOME TEL NO:
ADDRESS:		SCHOOL YEAR:
POST CODE:		SCHOOL:
IN CASE OF AN EMERGENCY PARENT/S/GUARDIAN/S NAME/S: This will be the number we would ring if there was an emergency		MOBILE NO:
		HOME TEL NO:

Disclaimer of Liability

Participants are responsible for their own safety, whether afloat or ashore, and nothing reduces this responsibility. Cransley Sailing Club do not accept responsibility for any loss, damage or injury suffered by persons and /or their property unless such injury loss or damage was caused by, or resulted from negligence by Cransley Sailing Club. Mobile phones, iPads, laptops, electronic games and expensive items/clothing should not be brought to the camp.

Parent / Guardian Declaration: (for U18's)

As Parent / Guardian, I give permission for the participant named to take part in the summer camp.
I accept that the good behaviour of my dependant is a fundamental condition of participation and that Cransley Sailing Club has the right to exclude any youth not complying with this requirement.

Does your child have any dinghy sailing experience?: Yes / No, if Yes what?

I give */ I do not give* permission for my dependant to be photographed or videoed whilst undertaking sailing activities. Photographs / videos may be posted on the club's website and social media, your child's last name will never be used.

Signed Date.....
(Please delete as necessary*) Parent / Guardian

Confidential Medical Consent Form

Name.....

Has your child ever had or has any of the following:

Asthma or bronchitis	YES/NO
Heart condition	YES/NO
Fits, fainting or blackouts	YES/NO
Severe headaches	YES/NO
Diabetes	YES/NO
Allergies to any known medicine	YES/NO
Any other allergies, e.g. material, food	YES/NO
Other illnesses or disability	YES/NO
Travel sickness	YES/NO
Regular medication	YES/NO
Receiving any medication for any condition?	YES/NO
Suffering from any injury?	YES/NO
Learning Difficulties?	YES/NO
Anything else we should be aware of i.e. bedwetting, sleep walking, nightmares etc?	YES/NO
Is your child a vegetarian or has any special dietary needs?	YES/NO

If the answer to any of these questions is YES please give details:

I authorise Cransley Sailing Club Instructors to approve such medical treatment for my child as is deemed necessary in an emergency and /or upon the advice of a qualified medical practitioner.

It is your responsibility to make known any potential medical conditions that may affect your child's personal safety during the activities associated with the camp.

Declaration

I consider (name) physically fit to take part in the summer camp and can swim 50 metres in light clothing with a buoyancy aid.

Signed..... Date.....

Parent / Guardian

Please complete this form and return it to Sue Bull. Payment must be made in full to secure your child's place on the camp.

Payment can be made by cheque made payable to Cransley Sailing Club, or by Bank transfer using the details below
Account Name: Cransley Sailing Club : Barclays Bank Plc : Sort Code 20-45-77 : Account Number 40299456
Add camp and your family name as a payment reference.

Please return form to Sue Bull, Cransley Sailing Club, C/o Church View, Orton, Kettering, Northamptonshire NN14 1LJ
Email: principal.cransleysailingclub@gmail.com