Parental & Medical Consent Form

CONFIDENTIAL

Bassenthwaite Week 2025

FOR COMPETITORS UNDER 18 YEARS OLD – PLEASE COMPLETE ALL SECTIONS

COMPETITOR

Full name	
Boat class & sail no.	
Home address	
Date of birth	
Age	
Doctor name & phone number	

PARENT OR LEGAL GUARDIAN

Full name	
Relationship to child	
Phone number(s)	
Email address	

ALTERNATIVE EMERGENCY CONTACT

Full name	
Relationship to child	
Phone number(s)	

MEDICAL DECLARATIONS

It is your responsibility to make known any disability/medical condition that may affect your child during the activity, and any medication that they may require. This information will be shared with those responsible for supervising the activity.

Has your child ever suffered from any of the following conditions: Asthma/bronchitis, heart condition, fits, fainting or blackouts, severe headaches, diabetes? **YES / NO** If **YES** please **provide details**, including any specific medical advice to be followed in an emergency:
Is your child currently taking any medication? **YES / NO** If **YES** please **specify**:
Does your child have any food allergies? **YES / NO** If **YES** please **specify**:

Please provide any other relevant medical details/conditions:
I the parent/ guardian **of** ……..…….. give permission to the organisers of the 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/guardian):
Name (please print):
Date:

PARENT OR LEGAL GUARDIAN DECLARATIONS

I confirm that the above named sailor is my legal dependent and I would like him/her to participate in this regatta 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. **Please specify here, if applicable**: During any racing or training event the boat I supply for my dependent will have valid third party insurance of at least £5m or the equivalent in another currency. **Photography consent:** I note that photographs may be taken during the regatta, both on and off the water, and I consent to these being published in Class publications and/or on the Class/Club/Event websites and those of any authorised photographers. I consent to the photographs being used for marketing and editorial purposes of the Club, Class and respective Events in media worldwide. I also consent to the names of event participants being published in Class publications and/or on the Class/Club/Event websites. **Disclaimer of Liability:** Sailors are responsible for their own safety, whether afloat or ashore, and nothing reduces this responsibility. It is for sailors to decide whether their boat is fit to sail in the conditions in which it will find itself. By launching or going to sea sailors confirm the boat is fit for those conditions and they are competent to sail and compete in them. Nothing done by the organisers can reduce the responsibility of the owners and/or sailors, nor will it make the organisers responsible for any loss, damage, death or personal injury, however it may have occurred, as a result of the boat taking part in the event. The organisers encompass everyone helping to run the event. The provision of patrol boats does not relieve owners and sailors of their responsibilities.
Signed (parent/guardian):
Name (please print):
Date:

This form must be fully completed, signed and returned to the event organiser