



UNACCOMPANIED U18 SAILOR MEDICAL / CONSENT FORM

If your sailor is attending a NEYYSA organised event under the responsibility of another adult who will have responsibility for them at the event and/or overnight; NEYYSA encourages you to complete this form and provide it to the adult responsible for your child. You are responsible for ensuring you have completed suitable safeguarding and welfare checks against the adult to whom you are delegating responsibility for your child. NEYYSA takes not responsibility for their actions. This form is provided in good faith to encourage full dialogue and informed consent.

NB: If NEYYSA is taking in-loco-parentis responsibility for your child you will be required to complete a full medical and consent form prior to the event and this form does not need to be completed in this circumstance.

Sailor Details			
Name			
Address			
Phone No.		Boat	
Email.		Sail No.	
Date of Birth		Helm / Crew	
Event Attending: (title, location & date)			
COMPETITOR & PARENT CODE OF CONDUCT DECLARATION			
<p>I agree to sail in compliance with the RYA Racing Charter and to be bound by the RYA Racing Rules of Sailing, the sailing instructions and the appropriate class rules. I declare that I have valid 3rd party liability insurance of at least £3million for my boat that will be in force for the duration of the event (where applicable). I understand that I am responsible for my fair conduct & behaviour under IRS Racing Rules 2, 3, 4 and 69 and that I will abide by NEYYSA's behaviour policy while at this event. I understand that failure to behave to these standards may result in consequences, including being sent home or further action per NEYYSA's disciplinary policy.</p>			
Signed (Competitor):		Date:	
<p>Parent or Named Guardian Declaration: I confirm the above-named sailor is my legal dependant and I delegate _____ to have responsibility for them at the above-named event, travel to and from the event and at any other location visited whilst attending the event (such as external accommodation or local venues).</p> <p>I have discussed attendance at the event with the above-named sailor and we have agreed that they will abide by rules set by the adult in charge of them, the host club and race organising authority's behaviour policy and that failure to do so will result in them being sent home from the event.</p> <p>I confirm the sailor is competent to take part. I confirm that the boat listed above has valid third-party insurance of at least £3m that will be in force for the duration of the event.</p> <p>I understand that 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 their boat is fit for those conditions and they are competent to sail and to 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 safety patrol boats does not relieve owners and sailors of their responsibilities.</p>			
Signed: (Parent / Guardian / Representative):		Date:	



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EMERGENCY CONTACT FOR Insert sailor's name here			
Name			
Address			
Phone No. / Mobile No..		Relationship to Sailor	
ALTERNATIVE EMERGENCY CONTACT			
Name			
Address			
Phone No. / Mobile No..		Relationship to Sailor	
MEDICAL INFORMATION			
It is your responsibility to make known any disability/medical condition that may affect the child whilst attending the event, and any medication that they may require. This information will be confidentially shared with those responsible for supervising the activity.			
Has your child ever suffered, or been diagnosed with, any of the following conditions: Asthma/bronchitis, heart condition, fits, fainting or blackouts, severe headaches, diabetes? If YES please provide details, including any specific medical advice to be followed in an emergency:			YES / NO
Is your child currently taking any medication? If YES please specify all relevant information:			YES / NO
When did your child last have a tetanus injection?			
Is your child currently suffering from any illness or injuries that may affect their sailing? If YES, please specify:			YES / NO
Is your child allergic to any medication? If YES, please specify:			
Is your child Vegetarian/Vegan?			NO / VEGETARIAN / VEGAN
Does your child have any food allergies or special dietary requirements? If YES, please specify:			YES /NO
Does your child have any other allergies? If YES please provide details:			YES / NO
Does your child have a disability, learning difficulty or medical condition which may affect their learning (ability to participate in practical or theoretical sessions)? If yes, please provide details.			YES/NO
MEDICAL CONSENT			
I give permission to _____ or their delegate, to administer any relevant treatment or medication to the above-named young sailor when or if necessary. In an emergency situation I authorise _____, or their delegate, to take the above-named participant to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital. NOTE: The medical profession takes the view that the parent/guardian's consent to medical treatment cannot be delegated. This view is explicit in "The Children's Act 1989". Thus, medical consent forms have no legal status and a Doctor/Nurse insisting on the consent of a Parent to a particular treatment has the right to do so. Therefore, parents/guardians do not have to agree to the above consent, if you do not agree, please delete the appropriate words. It can be a comfort to medical staff to have general consent in advance from parents or to have a delegate on hand able to sign forms required by the medical authorities.			
Signed: (Parent / Guardian / Representative):			Date: