

# WIGTOWN BAY SAILING CLUB

## Parental Consent Form

A Parental Consent Form must be completed, along with a Membership Form, where an applicant is under 18 years of age. These forms should be completed and signed and either e-mailed to [linda.sec.wbsc@btinternet.com](mailto:linda.sec.wbsc@btinternet.com) or posted/handed in to - The Secretary, Wigtown Bay Sailing Club, c/o Minnoch Cottage, 15 Tonderghie Road, Isle of Whithorn, DG8 8LQ.

It should be noted that sailing is a risk sport, although the Club makes every effort to reduce this, and conditions relating to the Club's sailing activities (House Rules) are posted within the Clubhouse and on [www.wigtownbaysailingclub.org](http://www.wigtownbaysailingclub.org).

1. All cadet participants must be aged 7 to 17 (inclusive), must wear the buoyancy aid provided and must be confident when in the water.
2. All cadets must be accompanied by a parent or guardian at the beginning and end of every activity session. Parents or guardians must be contactable (by say, mobile phone) for the duration of the session.
3. Wigtown Bay Sailing Club must be informed, at the time of application, of any medical condition or any medication being taken that could affect the applicant participating in sailing/watersport activities. Wigtown Bay Sailing Club reserves the right to refuse an application on medical grounds.
4. Applications are accepted on the understanding that any instructions, rules or directions given by an authorised club member are adhered to. Applicants should respect the equipment provided – compensation will be sought from anyone deliberately causing damage to club equipment. Conditions referred to in Use of Club Boats/Equipment must be followed.
5. Wigtown Bay Sailing Club reserves the right to refuse or restrict the use of facilities. The right is also reserved to evict anyone who refuses to comply with the conditions as stipulated, or who behaves inappropriately or, in any way, causes damage or annoyance to club members or those participating in club activities.
6. Wigtown Bay Sailing Club or any of its employees, agents or volunteers will not be liable, in any way whatsoever, in respect of loss or damage to applicant's property.
7. If any injuries are sustained or if damage to valuables occurs, applicants are to notify a committee member of the Club immediately.
8. Applicants are to wear suitable clothing and footwear when participating in club activities. This might be flat, soft- soled shoes or trainers when on a boat or water shoes when kayaking or canoeing. Please ensure that participants bring a change of clothing when undertaking sailing activities.

Wigtown Bay Sailing Club operates a Welfare and Child Protection Policy and has designated Child Protection Officers. The Club's policy statement on Child Protection is –

- The child's welfare is paramount
- All children, whatever their age, culture, disability, gender, language, racial origin, religious belief and/or sexual identity, have the right to protection from abuse.
- All suspicions and allegations of inappropriate behaviour will be taken seriously and responded to swiftly and appropriately.
- As defined by the Children Act 1989, anyone under the age of 18 years should be considered as a child for the purposes of this document.

# WIGTOWN BAY SAILING CLUB

## PARENTAL CONSENT FORM

(To be completed for cadets who are under 18 years of age.)

CADET NAME: .....

ADDRESS: .....

DATE OF BIRTH: .....

PARENT/GUARDIAN NAME: .....

RELATIONSHIP: .....

TELEPHONE CONTACT NUMBER: .....

**EMERGENCY CONTACT NAME:** .....

**EMERGENCY CONTACT NUMBER:** .....

**DOES THE CADET HAVE ANY SERIOUS MEDICAL CONDITIONS (such as asthma, epilepsy, allergies etc.)? IF SO, PLEASE DETAIL:**

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**IS THE CADET CURRENTLY TAKING MEDICATION? IF SO, PLEASE DETAIL:**

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As parent/guardian, I give permission to the organisers of activities at Wigtown Bay Sailing Club or paramedics to administer, if necessary, any relevant medical treatment or medication to my child:

(child's name) .....

In the event of an emergency, I authorise the organisers to arrange for my child to be taken to hospital, and I give permission for any treatment deemed necessary by said hospital.

I understand I will be notified, as soon as possible, of the emergency.

SIGNED: .....

(parent/guardian)

NAME: (please print) ..... DATE: .....

I agree that my child's photograph or video may be used in W.B.S.C. printed publications and on their website – in accordance with Royal Yachting Association guidelines on publishing images of minors'

SIGNED: .....