



**JUNIOR SAILING COURSE APPLICATION FORM (Please complete one form per student, both pages)**

Course to be attended (tick)    Stage 1    Stage 2    Stage 3    Stage 4

Date of course \_\_\_\_\_

**Student's details**

Surname \_\_\_\_\_ Forename \_\_\_\_\_

Date of birth \_\_\_\_\_

**Parent or carer's details**

Surname \_\_\_\_\_ Forename \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Contact phone \_\_\_\_\_ email address \_\_\_\_\_

**Doctor's details**

Name \_\_\_\_\_

Address \_\_\_\_\_

Please advise any special medical needs (see note 1 below and complete declaration on page 2 if applicable)

\_\_\_\_\_

By signing below, I accept that:

1. My child is confident in water and does not suffer from any illness or medical condition which could endanger themselves or others on the course.
2. The club is not liable for any accident or consequential damages arising from the use of the premises and its facilities.
3. Instructors do not accept any responsibility for loss or damage or injury suffered by participants or their property arising from the course or their activities whilst training unless such injury, loss or damage is caused by or resulted from negligence.
4. Information submitted on this form will be used solely for the purposes of course administration and statistical analysis and will be protected in line with the General Data Protection Regulations (GDPR). This may involve submitting anonymised information to the sport's governing bodies, such as the RYA.
5. My child agrees to abide by club rules, available on the club website: [www.paxtonlakes.org.uk/membership](http://www.paxtonlakes.org.uk/membership)

**Photographic statement**

Please be aware that Paxton Lakes Sailing Club occasionally likes to photograph activities in progress for promotion of our courses on our website, Facebook page and printed advertising material. If photographs are to be taken during the course then parents/carers will be informed in advance. If, for any reason, you do not wish your child/children to be photographed please indicate so by ticking this box .

If you require an RYA logbook please tick this box and add £6.99 to the total remittance below   
(the logbook is recommended and allows students to keep a record of their progress).



I/we enclose remittance of £ \_\_\_\_\_

Cheques payable to "Paxton Lakes Sailing Club" please or BACS transfer to the following account:

Paxton Lakes Sailing Club, Sort code 30-94-47, account number 02120725

Please add student's surname as reference on BACS transfers

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form and payment to:

Mr Pat Overs, 42 Little Paxton Lane, Little Paxton, Cambs, PE19 6EP, Tel 07812 124690

Or form may be scanned and emailed to: [sailing.courses@paxtonlakes.org.uk](mailto:sailing.courses@paxtonlakes.org.uk)

### **Medication & First Aid policy and consent form**

The form below must be completed for any child who requires medication to be administered during the course.

All medication brought to a course must be in a sealed envelope or suitable container clearly marked with the child's name, the type of medication and the amount and frequency of the dose.

All medicines shall be made available to the individual from a control point that will be identified at the start of the course. Usually this will be the galley counter adjacent to the First Aid kit in the club house.

Where available, the Senior Instructor and one other instructor must separately have the child verbally confirm their name as that written on the envelope containing the medication and the register. If this is not possible due to the child's medical condition then further medical advice would need to be gained from the emergency services and no medication given. This issue will be recorded on this medication consent form. Where two leaders are not available then the Senior Instructor alone will undertake the above check.

Children who are unable to self-administer their medication cannot be accepted.

If a First Aid incident occurs, the Senior Instructor must be informed. An accident report form will be completed after all first aid incidents. The child's parent/carer will be required to sign the form on collection of the named child.

Where a child is not well enough to take part on a particular day, the parent/carer will be contacted and required to collect the child. In the event of an emergency the parent/carer and the appropriate emergency services will be contacted.

### **Medical consent form**

My child is required to take the following medicine or have the following medical attention while on the course and I consent to the course leader (Senior Instructor) to follow the above procedure to ensure that this takes place. Please list child's name, medicines to be taken, dose and frequency or describe the procedure (e.g. replacing a dressing if wet, etc.).

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Signed (parent/carer) \_\_\_\_\_ Date \_\_\_\_\_

### **Record of medication issues during the course**

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Signed (Senior Instructor) \_\_\_\_\_ Date \_\_\_\_\_