



RS AERO INTERNATIONAL CLASS ASSOCIATION

Event Parent / Guardian Consent and Medical Form CONFIDENTIAL

Name:	
Country:	
Date of Birth:	
Sailing Club, School or training centre:	
Next of Kin & Relationship:	
Emergency Contact Details:	
Mobile and Home Telephone:	
Doctor & Contact Number:	

Sailing is a risky sport that means competitors may over exert themselves in dangerous environments. There are many medical conditions that may mean some competitors are placed at a higher risk than others. If you feel you have such a medical condition, please check with your doctor and take whatever precautions are necessary. The organising committee cannot take responsibility for any pre-existing condition or adverse environment that places competitors at risk to their health or well being.

It is your responsibility to make known any potential medical conditions that may affect you during the activities associated with the training programme or event you are taking part in. Please therefore provide as many details as possible. If extra precautions are necessary please let us know so that appropriate risk management can be undertaken.

This information will be shared with organisers / safety teams and coaches at training and events.

Have you ever suffered from any of the following conditions?

- Asthma/ Bronchitis Yes/ No
- Heart Conditions Yes/ No
- Fits, fainting or blackouts Yes/ No
- Severe Headaches Yes/ No
- Diabetes Yes/ No
- Travel Sickness Yes/ No
- Allergies to medication Yes/ No
- Any other allergies Yes/ No
- Other Illnesses or disabilities Yes/ No

If you have answered yes to any of the above, please provide details:	
Are you currently taking any medication? If so please specify	
Are you Vegetarian?	
Do you have any food allergies? If so please specify	

Consent

I the parent/ guardian of.....give permission to the organisers of activities during the current sailing season to administer any relevant treatment or 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.

I agree that during racing or training, the boat I supply for my dependant will have valid third party insurance of at least GBP2m or equivalent in another currency.

I agree that I will be responsible for my dependant at all times and available at the event venue including during the time that my dependant is afloat, or I will provide the event organisers with the name and details of the person at the event venue who has agreed to be responsible for my dependant

Consent for the use of photography or video

The RS Aero International Class Association recognises the need to ensure the safety and welfare of children and young people taking part in boating.

In accordance with our child protection policy we will not arrange for photographs, video or other images or young people to be taken without the consent of the parents/carers and children.

The UK RS Aero Association will take all steps to ensure that images are used solely for the purposes for which they are intended. If you become aware that images are being used inappropriately you should inform the UK RS Aero Class Secretary or a member of the RS Aero International Class Association Committee immediately. I also consent to the RS Aero International Class Association photographing or videoing the above mentioned child.

I agree that I will follow the RYA Racing Charter

I will always behave in accordance with the accepted standards of sailboat racing and the recognised principles of sportsmanship and fair play

Signed:.....(parent/ guardian)

Name:(please print).....**Date:**.....

Further Information if required:

Signed:.....(Sailor)