



Reading Sailing Club

THAMES VALLEY CHALLENGE
2nd JULY 2016 READING SAILING CLUB

PARENT/GUARDIAN CONSENT & MEDICAL INFORMATION FORM

THIS FORM IS DOUBLE-SIDED
PLEASE COMPLETE BOTH SIDES, using BLOCK capitals.

PARTICIPANT'S DETAILS

Name of Team:			
Name of Participant:			
Home Address:			
Date of birth:		Age:	

DECLARATIONS BY PARENT OR GUARDIAN

Consent for the young person to participate in event

I, the parent/guardian of the young person named above, have read the Notice of Race for the Thames Valley Challenge 2016, particularly section 7 re risk, and hereby give consent for my son/ daughter / ward to participate in the event.

Policy re taking and use of images

I am aware of Reading Sailing Club's policy re the taking and use of images of event competitors, as detailed on the following page, and will inform RSC if there is any need to adjust this policy for the young person named above.

Supervision

During the event (tick one box):

I will be responsible for my child, and will be present at the venue, throughout the event.

OR

I appoint the person named below, who has agreed to act in loco parentis. He/she will be responsible for my child, and will be present at the venue, throughout the event.

Signature of **parent / guardian**

Date

Name of parent or guardian		
Contact Numbers:	(Home):	(Mobile):

Person (if any) appointed in loco parentis	
Mobile number	

MEDICAL INFORMATION

While the parent / guardian of the participant, or person acting in loco parentis , should be present at the venue throughout the event, and will therefore be able to provide medical information and consent for any necessary treatment, RSC asks that – as a precaution – the following medical information be provided.

Has the participant ever suffered from any of the following conditions: Asthma/bronchitis, heart condition, fits, fainting, blackouts, severe headaches, diabetes, allergies to medication, any other allergies, other illnesses or disabilities:	YES/NO
If YES, please provide details, including specific medical advice to be followed in an emergency	
Is the participant currently taking any medication?	YES/NO
If YES please specify:	
When did the participant last have a tetanus vaccination?	YEAR _____
Is the participant suffering/recovering from any injuries which may affect their sailing?	YES/NO
If YES, please provide details:	

POLICY RE TAKING AND USE OF IMAGES

Reading Sailing Club is aware of both the sensitivity of personal images, and of the need for arrangements for running an event such as TVC 2016 to remain practical. Sometimes these requirements can conflict.

In consequence, and in accord with Reading Sailing Club's child protection policy, we have decided that

1. Parental consent for the taking and use of images is assumed to be granted. However, parents or guardians may inform RSC that they do not grant this consent by emailing either the event organisers on thamesvalleychallenge@gmail.com and/or the Club Welfare officer on safeguarding@readingsc.org.uk.
2. Reading Sailing Club may use images
 - for coaching purposes,
 - by officials during a competition to illustrate incidents on the water
 - for publicity purposes, in order – for example – to attract entries to future events

Images will not be sold commercially, save that official photographers may offer images back to the individuals concerned, or their parents / guardians, in return for a fee.

3. When using images, we will either not identify any young person shown, or otherwise only identify a young person by their first name. We may use group photographs or video with very general labels, such as 'Cadet Week'.
4. Exceptionally, and if there is good reason, we may identify a young person by their full name, i.e. first name and surname. 'Good reason' includes using the full name in a newsletter if the young person has won a trophy or award.
