



PAXTON LAKES SAILING CLUB



JUNIOR SAILING COURSE APPLICATION FORM (Please complete one form per student)

Information on this form will not be shared with any other organisation. Please send completed form with remittance to: Pat Overs, 42 Little Paxton Lane, Little Paxton PE19 6EP.

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

Start date of course _____

Child's details

Surname _____ Forenames _____

Date of birth _____

Address _____
_____ Post code _____

Phone number _____ Email address _____

Emergency contact phone _____ (must be contactable while on the course)

Doctor's details

Name _____

Address _____

Phone number _____

Please advise any special medical needs. Medication, if any, to be detailed opposite.

If you require an RYA logbook please tick this box and add £5 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 made payable to "Paxton Lakes Sailing Club" please).

I _____ (parent/carer)
give permission for my son/daughter to take part in sailing courses organised by Paxton Lakes Sailing Club.

Signed (parent/carer) _____ Date _____

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 .

Use of photographs consent

I agree that photographs or video taken during the course may be used by Paxton Lakes Sailing Club for the purposes of promoting and improving courses. The images may be used on the club website, Facebook page and printed material, including local newspapers and for training purposes by our instructors. No names will be used with the photos.

Signed (parent/carer) _____ Date _____

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.).

Signed (parent/carer) _____ Date _____

Record of medication issues during the course

Signed (Senior Instructor) _____ Date _____