

**Medical Consent, Emergency Contact and Photography information**

*Please complete in capitals in a dark colour – there are four pages to this form you must fill in and return all sections before taking part.*

Sailor's Details			
Name			
Address			
Date of Birth		Age:	

Emergency Contact information		
	1 <sup>st</sup> Contact	2 <sup>nd</sup> Contact
Name		
Relationship		
Home Number		
Mobile Number		
Work Number		
Doctors	Name	Contact Number
Eligibility - please circle		
Are you currently a fully Paid Up or Temporary member of WQSC for 2024 - 2025	PAID UP	TEMP
Have you paid the Friday Night fees?	YES	NO
If you have a problem with paying membership fees, please contact Sophie Dandy (dinghy officer) in the strictest confidence. email: <a href="mailto:sophiedandy@live.com">sophiedandy@live.com</a>		



## Medical Consent, Emergency Contact and Photography information

### Dinghy Sailing risks

Sailing is an adventurous outdoor activity and as such a certain level of residual risk remains. Residual risks can be but are not limited to:

- Head injury being struck by boom
- Lifting and twisting
- Cuts and bruising
- Ingestion of sea water and river water
- Hazards on the the road and on site
- Infection of open wounds by water or mud
- Cold water immersion shock
- Loss of body temperature
- Sunburn
- Twisted joints caused by movements across a dinghy
- Falls and sprains following loss of balance or operating in shallow water

When providing necessary medical information please consider the residual risks.

### Medical Information

It is your responsibility to make known any potential medical conditions that may affect you during the activities associated with the programme you will be taking part in. Please therefore provide as many details as possible. This information will be shared with the organisers and coaches at events and training. 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 |

### Please provide additional information if you answered yes to any of the above questions

### Are you Currently taking any medication? Please give details below:

If you use an inhaler, please bring inhaler in a named container to be handed to the instructing team everytime you sail with us

### Are you suffering or recovering from any condition or injuries which affect your sailing? Refer to the residual risks above.

### Please provide any Dietary and Allergen information:

**Photographic and video permission**

- Weir Quay Sailing Club recognises the need to ensure the safety and welfare of all people taking part in boating.
- Weir Quay Sailing Club will follow the guidance for the use of images, in the safeguarding policy, a copy of which is available on the 'Members' page of WQSC website or from the Welfare Officer: **Chris Fillan - 0787 5343 345**
- WQSC may arrange for images or videos to be taken at events/club related activities and published on the Club website or social media channels e.g. Instagram @wqfridaynightsailing, Facebook - Weir Quay Sailing Club to promote the Club. If you agree to the use of images of your child being used for this purpose, please complete the form below.
- Weir Quay Sailing Club 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 Welfare Officer immediately. If you later wish to withdraw your agreement, please contact the Welfare Officer.
- By agreeing to images being used, you agree to assign any copyright or any other right of ownership of these images to WQSC
- If the form below is not completed, then it will be assumed that permission for use of images or videos featuring the named sailor has not been given.

<b>Consents:</b>		
<b>Signed by named sailor, OR, parent/guardian for under 18-year-old named sailor</b>	<b>Signatures</b>	<b>Date</b>
<ul style="list-style-type: none"><li>• The sailor named on this form gives permission to the organisers of activities on dinghy sailing sessions to administer any relevant treatment or medication to the above-named participant when or if necessary.</li><li>• In an emergency I authorise the organisers to arrange transport of the sailor to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital's diagnosis.</li><li>• I understand that persons nominated as emergency contacts shall be notified, as soon as possible of the hospital visit and any treatment given by the hospital.</li></ul>		
<ul style="list-style-type: none"><li>• I confirm that I have been informed of the risks associated with dinghy sailing, I understand these risks and wish to continue with participation by the named sailor.</li><li>• The named sailor is water confident.</li></ul>		
<ul style="list-style-type: none"><li>• I consent to Weir Quay Sailing Club photographing or videoing the sailor named in this form and use of first name.</li></ul>		



<p>Some Dinghy sailors use a closed Social Media (Facebook) group to communicate (by making this a 'closed group' only controller approved members of the group are entitled to access and communicate). I agree that the named sailor can be part of this group that is administered by a member of WQSC.</p> <p>The closed group Facebook profile will be visible to other members of the group, you can withdraw by selecting 'leave group'. Administrators will check group membership in April each year. Signature indicates approval of membership.</p>		
<b>Full name of person signing:</b>		
<b>Relationship of person signing to named under 18 sailor:</b>		
<b>Email address of person signing:</b>		
<b>Phone numbers if not included above:</b>		
<b>Preferred or Additional contact e-mail address for named sailor if different from above :</b>		
<b>Section below for signature by those over 18</b>	<b>Signature</b>	<b>Date</b>
I am over 18 and <u>do not</u> Authorise WQSC to use images or videos in which I appear		

**Declaration GDPR 2018:**

The club has a Data Privacy Policy which can be found at WQSC Members Pages. All data supplied will be stored and used in accordance with this Policy.

The information including the contact and medical details supplied in this form will only be disclosed to those engaged directly in running WQSC dinghy activities or if necessary the emergency services. Emergency contact details and health information will be held in paper format and will not be stored electronically. E-mail addresses will be held electronically and also be used for dissemination of information and WQSC administrative purposes. WQSC will only store your personal data for as long as necessary. Once your personal data is no longer needed, we will destroy it by shredding any paper document or permanently deleting any electronic record that we hold. Please sign below to confirm that you consent to WQSC storing and processing your data in this way.

Signed.....

Date .....