

NORFOLK BROADS YACHT CLUB SAILING SCHOOL– STUDENTS FORM (one form per student)				
Date of Course	12 th – 16 th April 2010	LOG BOOKS MUST BE SENT WITH FORM (Stage 1 students will be given one)		
Name of Course	Easter Sailing School - Stage 1/Stage 2/Stage 3/Start Sailing/Intermediate Sailing/Advanced Sailing Start Racing / Intermediate Racing / Advanced Racing			
I have my own boat which is Optimist/Topper/Feva/Mirror (delete as necessary)			£	
I have no boat and would like to hire an Optimist/Topper (delete as necessary)			£	
Make cheque payable to NBYC .		Total enclosed		£
Personal details. (One applicant per sheet) All Subscriptions MUST be paid before sending in application for sailing school				
I am a member of NBYC	YES / NO	If no, name of grandparent or parent who is a member :-		
First Name			Surname	
Age (10+ MUST be paid up members)		Date of Birth		Male/Female
Address				
			Post Code	
Telephone:	Home:	e-mail: print very clearly please		
Declaration:- Tick as appropriate				
For Boat Owners:- I confirm that I carry third party insurance of at least £1,000,000 and will continue to do so whilst sailing on water controlled by NBYC.				
I agree to be bound by the Racing Rules of Sailing, the Sailing Instructions and Sailing School Codes of Practice of Norfolk Broads Yacht Club and by all other rules/policies that govern this event.				
Signature of Parent/Guardian		Date	For office use only Form received Log book received	Yes/No

delete as appropriate

FILL IN MEDICAL CONSENT FORM AND PHOTOGRAPHY CONSENT FORM

NORFOLK BROADS YACHT CLUB

Medical consent form

It is your responsibility to make known any potential medical conditions that may affect the person named below during the activities associated with the training programme or event they are taking part in. Please therefore provide as many details as possible. This information will be shared with the organisers and coaches at the Training/Events as appropriate. (Add another sheet with details if necessary)

APPLICANTS NAME

Date of Birth

Age

Do you suffer from any medical condition we should be aware of?	Yes/No	Details	
Are you having any medical treatment at present?	Yes/No	Details	
Are you currently taking any medication?	Yes/No	Details	
Is your anti-tetanus injection up to date?	Yes/No	Date	
Are you allergic to anything? If a special diet is required, please bring packed lunches.	Yes/No	Details	

NEXT OF KIN DETAILS (essential emergency contact information for course duration)

Next of Kin: - Name		Relationship:-	
Address: if different from other side.			
Tel Nos:	Daytime	Evening	Mobile
Doctor	Tel:	Practice:	

I the parent/guardian of give permission to the organisers/coaches at activities during the Training/Events to administer any relevant treatment or medication to the above named participant when or if necessary.

In an emergency situation I authorise the organisers to take my son/daughter to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.

Parent / Guardian's* consent(Name)(signature) * delete as applicable

RETURN TOGETHER WITH CHEQUE AND LOG BOOK TO NBYC OFFICE. NBYC. The Avenue, Wroxham, Norwich, Norfolk. NR12 8TS

Photography consent form - 2010

Consent form for the use of photography or video

Norfolk Broads Yacht Club 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.

Norfolk Broads Yacht Club will follow the RYA (Royal Yachting Association) guidance for the use of images, a copy of which is available from The Secretary.

Please note that if any parents/spectators are considering taking photographs at an NBYC event they should be prepared to identify themselves if requested and state their purpose for photography or filming, and also conform to the Clubs guidelines on photography.

Norfolk Broads Yacht 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 Secretary or Gilly Foulds (NBYC Sailing School Principal) immediately.

Consent. (NB. Signature from parent/carer AND from sailor)

I (name of parent/carer)

consent to Norfolk Broads Yacht Club photographing or videoing

(child's name).....

Parents/carers Signature:.....Date:

I (child's name)

consent to Norfolk Broads Yacht Club photographing or videoing my involvement in sailing/powerboating/club organised activities.

Sailors Signature: Date:

Please set up a tab for purchase of food, drinks & sweets for use during sailing school:-

Childs Name

Parents Names

Signature

.....

I will/will not be attending the after prize giving BBQ

All sailing school students will receive their BBQ ticket in with the cost of sailing school

I would like to purchase extra tickets for the rest of the family:-

Parents Names

Number of extra tickets

Signature