

2018 Membership Application and Consent Form

Please note this form is two sided.

All sections must be completed and returned to the membership secretary before the student can go afloat.

Student Details	
Name:	
Address:	
Postcode:	
Date of Birth:	
Can the student swim 50 metres in light clothing?	Yes/ No (please delete as appropriate)

Parent/ Guardian details (Emergency contact)	
Name:	
Relationship to child:	
Mobile number:	
Home number:	
Address (if different to student)	
Email address:	

Alternative emergency contact	
Name:	
Relationship to child:	
Mobile Number:	
Home number:	

Medical information
<i>It is your responsibility to make known any disability/medical condition that may affect your child during the activity, and any medication that they may require. This information will be shared with those responsible for supervising the activity.</i>
Details of any medical condition or allergy (please also provide details of any specific medical advice to be followed in an emergency):
Details of any medication carried by the student:

Parent/ Guardian Consent (students over 18 years old may sign for themselves)

Members of FFYS will get the opportunity to sail in various types of dinghy on the River Deben , at sea (no more than 3 miles off shore) and at pre-arranged sessions at Alton Water. Sailing will take place in groups under the overall direction of qualified Royal Yachting Association (RYA) Dinghy Instructors. The more experienced students may sail in single handed boats within these groups. Students will follow a course of training leading to RYA certification.

I consent to the student taking part in the above activities Signed (parent/ guardian):		Name:		Date:	
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Photography

Students may be photographed or videoed during sailing sessions for training and promotional purposes. Photographs or videos taken of FFYS activities may be published on our website or social media channels to promote the Club. Photographs may also be published in the newspaper/ local press.

I consent to the student having their photograph taken and understand that these photograph's may be used for promotional purposes:

Signed (parent/ guardian):		Name:		Date:	
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Medical Consent

I give permission to the organisers of FFYS 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 the student 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.

Student is able to use plasters: Yes/ No (delete as appropriate)

Signed (parent/ guardian):		Name:		Date:	
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Data Protection

The information you provide in this form will be used solely for dealing with you as a member of Felixstowe Ferry Youth Sailing and Felixstowe Ferry Sailing Club.

Information will be stored securely in paper and electronic format and held for the sole purpose of safety and security. You are able to access this information at any time. Your information will not be shared with any other organisation unless your express permission is sought.

Signed (parent/ guardian):		Name:		Date:	
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In order to keep students and families up to date we will email information to members about upcoming events and changes to the programme.

I consent to being part of this email distribution list and am aware that I can request to be removed at any time:

Signed (parent/ guardian):		Name:		Date:	
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FFYS use only

£1 FFYS membership fee paid		Date:		Initial:	
FFSC membership confirmed		Date:		Initial:	

FFSC membership paid to the Sailing Club bar		Date:		Initial:	
		Signed: (bar staff on receipt):			