



ARUN YOUTH AQUA CENTRE

JUBILEE COMPOUND, HENDON AVE, L'HAMPTON BN16 2NB
Tel: 01903 714753 Email: admin@ayac.org.uk
Registered charity number 1001294

MEDICAL DECLARATION (CONFIDENTIAL UNDER18)

Child's Full Name:	Parent/Guardian Name:
Childs D.O.B & Age:	Emergency Tel:
Childs Home Address:	Alternative Emergency Tel:
	Mobile Tel (if different from above):
	Email address:
Registered GP Practice & Name of GP	
<p>Please give the following information so your child can be properly supervised in the care of the Centre and also, in the unlikely event of an accident, correct treatment can be given. Please note: it is your responsibility to inform the Centre/ Chief Instructor of any relevant medical conditions.</p> <p>Is your child receiving treatment for any of the following conditions? YES <input type="checkbox"/> NO <input type="checkbox"/> Asthma, bronchitis, heart condition, fits, black outs, fainting, severe headaches, diabetes or travel sickness</p> <p>Is your child known to be allergic to any of the following? YES <input type="checkbox"/> NO <input type="checkbox"/> Drugs, medicines, materials, foods, plasters or any other allergen</p> <p>Does your child have a disability, learning difficulty or medical condition that may affect their learning YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Is your child receiving any medical or surgical treatment from your doctor or hospital or have you been given specific medical advice to be followed in an emergency? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If the answer to any of the above is YES, please give information below</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Has your child been vaccinated against TETANUS in the last 10 years YES <input type="checkbox"/> NO <input type="checkbox"/></p>	

YOUTH SAILING – PARENTAL DISCLAIMER

Water activities will be supervised in accordance with the guidance of the appropriate National governing body of the activity and staffed by appropriately qualified and experienced instructors.

The Centre reserves the right, at all times, to cancel sessions at its discretion

All memberships are accepted on the understanding that any instructions or directions given by any member of the centre's staff are to be observed. Participants are asked to respect the equipment provided. Failure to do so could lead to withdrawal of membership.

The Centre is an entirely run voluntary body. It is a condition of membership that the parent/s of members are familiar with relevant procedures and assist with the beach duty rota and in whatever way they can contribute to the safe and effective running of the Centre.

**In allowing (Name of Child)
to participate in activities of Arun Youth Aqua Centre (the Centre),**

My child has permission to leave unaccompanied. YES NO

I Recognise that all water sports are considered a hazardous activity, I agree that I will not for myself or for the above named hold the Centre, its officers, members or assistants liable for any injury or damage or loss suffered by the above named while engaged in Centre activities and I hereby indemnify the Centre, its officers, members and assistants against all actions, claims or demands which might arise unless from deliberate or negligent act.

I accept responsibility for his/her conduct while participating in Centre activities. I understand that the decision to allow the above named to participate in any Centre Activity is my sole responsibility. I declare that the above named is water confident and will be suitably attired for water activities.

I understand and agree that he/she may be photographed/videoed by the Centre, or its agents and any photograph/video may be used for any lawful purposes and I hereby waive any copyright thereto.

I agree the information provided may be used by the Centre or a designated committee member for communication or administrative purposes within the terms of GDPR and it will not be supplied to third parties.

I declare that I have disclosed any medical problems/allergies that might possibly affect the above named during the course of Centre activities.

I consent to any emergency medical treatment necessary during Centre activities.

In addition, and in accordance with Government guidance, we ask all those who are self-isolating because they have experienced symptoms in the last 7 days or are living with someone displaying symptoms and are self-isolating for 14 days, to stay away from the Centre.

Signature of Parent/Guardian.....

Printed Name of Parent/Guardian

Date:/...../.....

