

# THE ROYAL CHANNEL ISLANDS YACHT CLUB

## PARENT CONSENT / HEALTH FORM FOR CADET SAILING.

*This form must be completed and handed to the Administrator of the RCIYC before a Cadet undertakes any sailing training.*

### **SECTION A - DETAILS OF CADET**

SURNAME.....FIRST NAME.....

DATE OF BIRTH...../...../19..... SEX- MALE / FEMALE

HOME ADDRESS.....

.....

PARISH..... POST CODE.....

Email.....

CAN HE/SHE SWIM AT LEAST 50 METRES? YES / NO

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### **SECTION B - HEALTH CERTIFICATE & PARENT'S CONSENT**

I certify that to the best of my knowledge and belief my SON / DAUGHTER / WARD is in normal health, does not suffer from any illness which would affect his / her ability to take a full and active part in the cadet sailing activities.

SIGNED.....Parent / Guardian .....Date

If your child does suffer from any disability it must be declared. It will not normally debar the cadet from taking part in the cadet training activities. If there is anything that the club should know (such as ASTHMA) please indicate details below.

He / She is suffering from.....

He / She is allergic to .....

### **SECTION C - CONTACT DETAILS**

In the unlikely event of your child requiring emergency medical treatment an emergency or additional contact number is requested.

CONTACT NUMBERS (S).....

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**OFFICE USE ONLY.**

**SUBSCRIPTION PAID.....REC'VD/FILED.....**