



SURNAME:
(please print)

Health and Water-confidence Declaration

The information provided will be used solely in our dealings with you at QMSC. The club has a data privacy policy found at www.queenmary.org.uk/privacy Your data will be stored and used in accordance with this policy.

Please read, complete and sign this form in order for you or your child to participate in courses and events at Queen Mary Sailing Club (QMSC). If you are under 18 it should be completed by a parent/guardian on your behalf. It need be completed only once in the current year and is valid for only one person. Please inform QMSC of any changes to your/your child's fitness, abilities or medical status before you or your child next participate in courses or events at QMSC. This record will be held securely and is valid only until the end of the current year. Thank-you and enjoy your course/event.

QM COURSE/ GROUP: _____

Participants name: _____ **Date of birth:** _____ **Age:** _____

Next of kin: _____ **Relationship:** _____

Emergency contact nos: Home: _____ **Work:** _____ **Mobile:** _____

You/your child should be confident in water yet you/your child need not be a fantastic swimmer. You/your child should have a reasonable level of general fitness relative to the demands of the course or event. It is your responsibility to make known to QMSC full details of any current medical conditions that may affect you/your child whilst participating in the activities associated with the course or event you or your child are taking part in. QMSC can then make an informed decision as to whether or not a particular course or event is suitable for you/your child. This information will be shared with the organisers and/or instructors of courses and events at QMSC.

Do you/your child or have you/your child ever suffered any of the following medical conditions:

Asthma	Y / N	Any type of allergy	Y / N	Dyslexia	Y / N
Diabetes	Y / N	Heart conditions	Y / N	Dyspraxia	Y / N
Epilepsy, seizures or convulsions	Y / N	Reoccurring back problems	Y / N	Aspergers	Y / N
Giddy spells/fainting/blackouts	Y / N	Recent surgery / illness	Y / N	Autism	Y / N
Headaches / migranes	Y / N	Any other medical condition/disability?	Y / N	ADD	Y / N
				ADHD	Y / N

If you answered YES to any of the above, please provide details overleaf.

In signing this form I am giving permission to the organisers of QMSC courses and events to administer any relevant treatment or medication to myself/my child when and if necessary, whilst I am/my child is participating in courses and events at QMSC. In an emergency situation I authorise the organisers to take myself/my child 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 the next of kin shall be notified as soon as possible of the hospital visit and any treatment given by the hospital.

At times photographs or video footage of groups/individuals may be taken, under the direction of a senior member of QMSC staff, strictly for the purposes of coaching, recording events and for general promotional interest on and off the water. No identifying information, other than names, will be included in the publication of such images. I consent to such images being published on the QMSC website, within QMSC premises and/or within QMSC advertising. [Please cross through this paragraph and place your initials at the end of this line if you DO NOT give your consent to this _____]

I am/my child is water-confident and I have read and accept the appropriate Booking Terms and Conditions and agree to abide by the rules and safety regulations of Queen Mary Sailing Club & Sailsports. All boats and windsurf kit are supplied but, if I choose to use my own appropriate dinghy/board, I declare it to be in good, seaworthy condition and declare that I hold Third Party Liability Insurance to the value of, or in excess of, £2,000,000 for it.

I have not withheld any information which maybe of consequence to the booking of myself or my child onto any course or event at QMSC. I agree to all points above and the information I have given is accurate.

Signed: _____ participant/parent/guardian (please delete as appropriate)
(a parent/guardian to sign if participant U18)

Name: (please print) _____ **Date:** _____

Last updated: 01.05.18

Medical Condition	Severity (mild / moderate / severe)	Medication	Will medication be on-site during tuition?? (if YES, please fill in the shaded boxes)	Dosage/Administration **	Who to administer? (self/QM etc)	Storage* (where it will be kept when on site)

Please fill in the information as accurately as possible.

* All medication, especially for U18s, is preferred to be kept in the office when under QM tuition. This allows all QM staff access to it. Should you wish medication to be kept with the relevant instructor (on the water), please liaise with the office on the day(s) of tuition. Please note medication kept in the changing room limits access to it in an emergency.

**If Queen Mary is to administer any medication, please liaise with the office at the beginning of the course/tuition, and ensure all medication is named.