

HAWLEY LAKE SAIL TRAINING CENTRE

COURSE PARTICIPANT PERSONAL & CONTACT DETAILS (under 18)

Course Title: Course Dates:

Full Name: Male / Female (please delete)

Address:

 Post Code:

Home Phone:

E-Mail Address:

Date of Birth : School Attended:

Parent/Carer Full Name: Title:.....

Contact Phone No:(work).....(mobile).....

Alternative Contact (in event of emergency)

Alternative Phone Number:

MEDICAL & PARENTAL DECLARATION:

Does your child suffer from any of the following?	Yes	No	Please confirm the following:	Tick
Any form of Heart problem?			I consent to the above named taking part in this activity.	
Epilepsy, Fainting or Blackouts?			I confirm they can swim and are confident in the water	
Diabetes?			I consent to appropriate First Aid being given if needed.	
Back or other skeletal/muscle problem?			I agree to the terms and conditions of HLSTC	
Asthma or Allergy?			I agree to the terms of the COVID-19 Addendum on the reverse of this consent form	
Sight or Hearing impairment?			Signed	
Any other medical condition?			Print Name	
If you have answered 'Yes' to any of the above, please provide details:			Date	
			Notes:	

HLSTC MANAGEMENT OF COVID-19 RISKS
ADDENDUM TO CONSENT FORM
DECLARATION

- Neither my child (named on this form), nor any member of my household, have shown any symptoms of COVID 19.
- My child has not been in close contact with anyone displaying symptoms of COVID 19.
- If my child develop symptoms of COVID 19 within 14 days of my last contact with the Club, I will inform the Club immediately by e-mail at: info@hawleylake.org.uk
- If my child develops any symptoms of COVID 19 during the course I will inform the Club immediately and not return them to the course.
- I understand and accept the procedures to follow on site and understand and accept the disinfection process of equipment that may be used.
- 2m social distancing will be adhered to where possible, but if close contact is required, a face mask will be worn by both instructor and student, except in a life threatening emergency.
- I accept that, if appropriate, minor First Aid may be given by verbal instruction from a qualified First Aider, to be carried out by my child.
- I consent to First Aid, including CPR, being given by a qualified First Aider.