

## HAWLEY LAKE SAIL TRAINING CENTRE

### COURSE PARTICIPANT PERSONAL & CONTACT DETAILS

Course Title: ..... Course Dates: .....

Full Name: ..... Title: .....

Address: .....

.....

.....

..... Post Code: .....

Home Phone: ..... (mobile).....

E-Mail Address: .....

**Emergency Contact Name:** .....

Phone No:(work/home).....(mobile).....

**MEDICAL DECLARATION:**

Do you suffer from any of the following?	Yes	No	Please confirm the following:	Tick	
Any form of Heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	I am fit and able to take part in this activity.	<input type="checkbox"/>	
Epilepsy, Fainting or Blackouts?	<input type="checkbox"/>	<input type="checkbox"/>	I can swim and I am confident in the water.	<input type="checkbox"/>	
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	I consent to appropriate First Aid being given if needed.	<input type="checkbox"/>	
Back or other skeletal/muscle problem?	<input type="checkbox"/>	<input type="checkbox"/>	I agree to the terms and conditions of HLSTC	<input type="checkbox"/>	
Asthma or Allergy?	<input type="checkbox"/>	<input type="checkbox"/>	<b>I agree to the terms of the COVID-19 Addendum on the reverse of this consent form</b>	<input type="checkbox"/>	
Sight or Hearing impairment?	<input type="checkbox"/>	<input type="checkbox"/>	Signed		
Any other medical condition?	<input type="checkbox"/>	<input type="checkbox"/>	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 I, nor any member of my household, have shown any symptoms of COVID 19.
- I have not been in close contact with anyone displaying symptoms of COVID 19.
- If I 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](mailto:info@hawleylake.org.uk)
- If I develop any symptoms of COVID 19 during the course I will inform the Club immediately and not return to the course.
- I understand and accept the procedures to follow on site and understand and accept the disinfection process of equipment I may use.
- 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 the student or a member of the same household.
- I consent to First Aid, including CPR, being given by a qualified First Aider.