



Burghfield Sailability 2018 Adult Participation Form

Please complete clearly using **BLOCK CAPITALS**

Participant's Details

Name _____
Date of Birth _____ Age _____
Address _____

Post Code _____
Group _____

Next of Kin / Emergency Contact Details

Name _____
Relationship _____
Mobile No _____
Home No _____
I am attending as a carer for another participant
Participant's Name _____

Contact Details

Please provide contact details so that we can let you know if a session/activity is cancelled or changed at short notice

Tel No _____ Email _____

We would like to keep you up to date with Sailability news, changes to sessions etc via our newsletter and email. Your details will only be used by the Burghfield Sailability Group to pass on relevant information about group activities and opportunities (this may include occasional, relevant information from Burghfield Sailing Club). Your details will not be shared with third parties without permission and you may unsubscribe from the mailing list at any time. Please tick box to OPT IN

Medical Declaration

Do you have any Medical Conditions the organisers should be aware of? YES NO

If Yes, please provide details _____

Are you: Able to Swim Water Confident Unconfident in Water

DECLARATION:

By signing this agreement, I confirm that I have disclosed all medical conditions, I will wear an appropriate buoyancy aid at all times when on the water and follow instructions given by the Burghfield Sailability organisers and volunteer helpers

Photographs/Media: Burghfield Sailing Club and/or Burghfield Sailability Group may arrange to make, use and show any motion pictures, still pictures and live, taped or filmed television of/or relating to the Club activities/events. By participating in this activity/event attendees automatically grant to the club, organising authority, the National Class Association and the Sponsors, without payment, the right in perpetuity, for such images to be used

Data Protection: Your contact details are requested only so the organisers can contact you with information relating to this specific activity/event. They will not be disclosed to anyone other than the organisers without permission.

Signature _____ Date _____
(Participant)

Or, I confirm that I am the above-named participant's parent/legal guardian/responsible adult and I am authorised to sign on their behalf:

Signature _____ Relationship _____

Print Name _____ Date _____