

Charity No. 1211605

Sail HYSTS  
**Private & Confidential**



Sail HYSTS USE ONLY

### **Application for junior (18 yrs or under) membership**

Please complete this form in full using **BLOCK CAPITALS** in blue or black ink. Fields marked \* are optional.

#### **SECTION A: Member's details**

First Name:	Surname:		
Address:   Post Code:	Date of Birth:	Age:	
	Name of person with parental responsibility:		
	Relationship to Applicant:		
Home Phone*:	Mobile:		
Email:	Preferred contact method (delete): home/mobile/email		

#### **SECTION B: Emergency contact number, please provide two. (One can be as above, if appropriate)**

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Post Code:	Post Code:
Home Phone*:	Home Phone*:
Mobile:	Mobile:

#### **SECTION C: Medical Information**

Name of Member's GP:	Member's NHS Number (If known):
GP Phone Number:	

Has your child ever suffered from any of the following conditions (Tick all that apply):			
<input type="checkbox"/>	Asthma or bronchitis	<input type="checkbox"/>	Allergies to any known medication
<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Any other allergies (e.g., material, food, Plasters, etc.)
<input type="checkbox"/>	Fits, fainting and blackouts		
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Travel Sickness
<input type="checkbox"/>	Severe Headaches	<input type="checkbox"/>	Seasonal hay fever
<input type="checkbox"/>	Requires regular medication (During a Session)	<input type="checkbox"/>	Any other illness or disability
Please provide further details, or any other medical information that may be important:			

**SECTION C continued:** Medical information

A. Has your child been vaccinated against <b>Tetanus</b> in the last ten years?	Yes / No
B. Is your child currently receiving <b>medical or surgical treatment</b> of any kind from your doctor or a hospital?	Yes / No
C. Has your child been given specific <b>medical advice to follow in emergencies</b> ?	Yes / No
<b>If the answer to B or C above is YES please provide details here:</b>	

**SECTION D:** Consent and declaration, to be completed by person with parental responsibility

**Consent for taking images** - During sailing and land-based activities pictures and videos may be made of Sail HYSTS activities. This material will be handled in accordance with Sail HYSTS Data Protection Policy.

**Personal contact:** Members may need to be assisted into a (safety) boat or dinghy and that this will require personal contact. This will always be done in a respectful and appropriate way; typically, by contact with the forearm, bottom of the buoyancy aid and lower leg.

**Declaration:**

I confirm that I have parental responsibility for the member named in Section A above and that they are in good health, I have read the Sail HYSTS General Information Leaflet on [www.hysts.co.uk](http://www.hysts.co.uk), which explains the activities of the Sail HYSTS Training Scheme and I consider them capable of taking part in the activities of Sail HYSTS. I confirm that the member is confident in the water.

I confirm. I am aware that details of the Sail HYSTS Data Protection Policy published at: [www.hysts.co.uk](http://www.hysts.co.uk).

I consent to **personal contact** with my child as set out above. I consent to Sail HYSTS publishing on its website or social media platforms any image or video captured during a sailing or land-based activity featuring my child.

If my child is taken ill or has an accident during a sailing session, I consent to Sail HYSTS providing or arranging any necessary medical treatment which might include the use of anaesthetics. I understand that Sail HYSTS will contact one of the Emergency contacts given in Section B at the first available opportunity after medical treatment has been arranged.

I have checked the information provided on this form and confirm that, to the best of my knowledge, it is accurate and correct. I will advise Sail HYSTS immediately in writing of any changes in information or circumstances detailed on this form.

Signature of person with parental responsibility: \_\_\_\_\_

Print name of person with parental responsibility: \_\_\_\_\_ Date: \_\_\_\_\_