



DOVESTONE YOUTH SQUAD FORM

Information about the participant:

Forename: _____

Surname: _____

Address:

Date of birth: _____

Email address: _____

Any current sailing qualifications?

Information about emergency contacts:

Contact 1:

Forename: _____

Surname: _____

Phone number: _____

Email address: _____

Contact 2:

Forename: _____

Surname: _____

Phone number: _____

Email address: _____

Medical/safety information – please complete this section so that we are aware of any special needs that you have, the information will be treated in strict confidence and only used for your safety and wellbeing during the sessions

**Do you have any medical conditions which may affect you while taking part in the session?
E.g. asthma, allergies, previous injuries**

Is there any medication which you may need in an emergency which the instructors and safety crew need to know about? E.g. inhaler, insulin

Are there any other conditions that the instructors and safety crew need to be aware of? E.g ADHD, Epilepsy, Hearing loss

Can you swim 50 meters fully clothed?

YES or NO

Do you give permission for your child to have their photographs taken and be used in online publicity and promotional material?

YES or NO

**Please can you return this form to Harriot Pulman.
Email- harriipulman@yahoo.co.uk**