

Junior Consent Form

- Parent / guardian: Please complete a separate form for **each** junior (under 18) member - PSBSC will not accept juniors at Club activities without this information.

Junior member's name	
Date of birth	
Address, including postcode	
Telephone	
Email	
Allergies / relevant medical information	
Parent / Guardian name	
Name and telephone number of person to be contacted in an emergency:	
Doctor's name and telephone number	

Please read the following statements and delete any with which you do not agree. Please contact PSBSC to discuss any issues of concern.

- I consent to the personal data provided above to be kept on record for training administration purposes and to allow PSBSC to contact me about club activities (all medical details will be deleted / destroyed at the end of each sailing season).
- In an emergency I consent to medical treatment being given to my child
- I consent to sun cream / sticking plasters being offered to my child
- I consent to the use of photographic images of my child in relation to PSBSC activities for publicity, recording or archive purposes.

NB: PSBSC is only able to provide rescue facilities during the hours of club sailing, racing and training. Outwith these hours, parents and guardians have sole responsibility for their children and wards. Even during Club sailing, racing and training the Club cannot accept responsibility for children or any other persons, not engaged in these activities.

Parent/guardian signature Date