**WARGRAVE BOATING CLUB**

**PARENTAL CONSENT FORM FOR CHILDREN/ YOUNG PERSONS TAKING PART IN WATERBORNE ACTIVITIES**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name: |  | | | | | | | | | |
| Parent’s Name: |  | | | | | | | | | |
| Parent’s e mail: |  | | | | | | | | | |
| Parent/carer home telephone number: | | | |  | | | | | | |
| Date of birth.….../….../……… | | | | | Age: | | | | | |
| **Emergency Contact Details (please give two contacts)** | | | | | | | |  | | |
| Contact 1 Name: |  | | | | | | | | | |
| Mobile Telephone number: | | |  | | | | | | | |
| Relationship to child: | |  | | | | | | | | |
| Contact 2 Name: |  | | | | | | | | | |
| Mobile Telephone number: | | |  | | | | | | | |
| Relationship to child: | |  | | | | | | | | |
| **Medical Information** | | | | | |  | | | | |
| Does the child have a disability? Yes/No | | | | | |  | | | | |
| If yes please give details. | | |  | | | | | | | |
| Does the child have any of the conditions below, limiting involvement in the activity? PLEASE CIRCLE: Infectious Disease – Epilepsy - Heart Condition - Fainting/Dizziness – Asthma – Allergies - Mobility Problems -Pregnancy | | | | | | | | | | |
| Details of any (relevant to activity) medical treatment and/or drugs | | | | | | | | | | |
| Is the child allergic to any medication? Yes / No  If Yes please give details: | | | | | | | | | | |
| **Consent:** Please tick | | | | | | | | |  | |
| I give my consent for the named child above to take part in water and land-based activities provided by Wargrave Boating Club. | | | | | | | | | |  |
| I understand the activities provided by WBC are of an adventurous nature. I acknowledge that adventurous activities carry an element of risk and therefore accept the need for responsible behaviour, including listening to and following safety instructions. | | | | | | | | | | ❒ |
| I have declared all relevant medical conditions in the Medical Information section of this form. | | | | | | | | | | ❒ |
| I have read the poster on the Noticeboard about Weil’s disease. | | | | | | | | | | ❒ |
| In the event of an emergency I agree to the child receiving any medical treatment, including anaesthetic, as considered necessary by the medical authorities. | | | | | | | | | | ❒ |
| I declare that the child has passed the WBC Swim Test (Junior Kayaking, Junior Skiffing, Junior Punting). | | | | | | | | | | ❒ |
| I declare that the child is confident swimming in river water (Junior Kayaking, Junior Skiffing, Junior Punting). | | | | | | | | | | ❒ |
| I will provide a well-fitting buoyancy aid and suitable shoes for the child (all Kayaking and dinghy if not passed swim test). | | | | | | | | | | ❒ |
| It is my responsibility to ensure the child is collected at the stated time. | | | | | | | | | | ❒ |
| Please tick if you are happy for your child to leave without an adult accompanying | | | | | | | | | | ❒ |
| Signed (Legal Carer): | | | | | | | Date: | | | |
| Name of Legal Carer | | | | | | |  | | | |