



**2010 Moth Consent Form
CONFIDENTIAL**

Name:.....

Date of Birth:.....**Age:**.....

Next of Kin:.....**Relationship:**.....

Emergency Contact Details:

Home:.....**Work:**.....

Mobile:.....

Doctor:.....**Tel:**.....

It is your responsibility to make known any potential medical conditions that may affect you during the activities associated with the training programme or event you are taking part in. Please therefore provide as many details as possible. This information will be shared with organisers and coaches at training and events.

Have you ever suffered from any of the following conditions?

Asthma/ Bronchitis	Yes/ No	Heart Conditions	Yes/ No
Fits, fainting or blackouts	Yes/ No	Severe Headaches	Yes/ No
Diabetes	Yes/ No	Travel Sickness	Yes/ No
Allergies to medication	Yes/ No	Any other allergies	Yes/ No
Other Illnesses or disabilities	Yes/ No		

If you have answered yes to any of the above, please provide details in the box below.

Are you currently taking any medication? If so please specify

Are you Vegetarian? Yes/ No
Do you have any food allergies? If so please specify

Consent for the use of photography or video

The Moth Association recognises the need to ensure the safety and welfare of children and young people taking part in boating.

In accordance with our child protection policy we will not arrange for photographs, video or other images or young people to be taken without the consent of the parents/carers and children.

The Moth Association will take all steps to ensure that images are used solely for the purposes for which they are intended. If you become aware that images are being used inappropriately you should inform a member of the Tasar Committee immediately.

Consent

I the parent/ guardian of.....give permission to the organisers of activities during the 2010 sailing season to administer any relevant treatment for medication to the above named participant when and if necessary

In an emergency situation I authorise the organisers to take my child to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.

I also consent to the Moth Association photographing or videoing the above mentioned child.

Signed:.....(parent/ guardian)

Name: (please print).....**Date:**.....