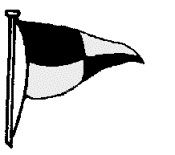
# Comet Trio National Championship 2018

Exe Sailing Club



Consent Form

for ALL participants under the age of 18 on 20th July 2018

Please complete one form for EACH participant, which must be submitted as a hard copy with the Entry Form.

I agree to my son/daughter\* taking part in the Exe SC Comet Trio National Championship 2018

Please use BLOCK CAPITALS throughout.

|  |  |
| --- | --- |
| Name of parent/guardian:\* | |
| Address:  Email | Telephone numbers |
| Home: |
| Work: |
| Mobile: |
| Full name of son/daughter:\* | |
| My son/daughter\* has no significant medical conditions and will not require any medication during the event.  Yes/No\* | My son/daughter\* suffers from the following condition(s) and will require medication/treatment as follows: |

In an emergency, if I cannot be contacted, please contact:

|  |  |
| --- | --- |
| Name of nominated alternative contact: | |
| Address: | Telephone numbers |
| Home: |
| Work: |
| Mobile: |

In the event of an accident or acute illness I give my consent for my son/daughter\*to receive emergency medical treatment.

I consent/do not consent\* to my son/daughter\* being photographed or videoed during the event.

\* please delete as necessary

Signed: Date: