



**HELFDORD RIVER
CHILDREN'S
SAILING TRUST**
www.hrcst.org.uk

**PARENTAL CONSENT
& ENROLMENT**

SCHOOL SAILING

FORENAME
SURNAME
DATE OF BIRTH
SCHOOL YEAR
SCHOOL

PREVIOUS EXPERIENCE
SWIMMING ABILITY / WATER CONFIDENCE
Please state the details of any disability, disease or condition from which your child suffers (if none, write none)
Please state the details of any medical treatment being received by your child (if none, write none)
I declare that to the best of my knowledge my child is fit to participate in any HRCST activity, and I consent to any emergency treatment for my child during an HRCST activity.
SIGNATURE DATE
I consent to images of my child being used in conjunction with publicity in all media for HRCST, and any associated organisations. HRCST will take all steps possible to ensure that images are used solely for the purpose for which they are intended, that personal details are avoided, and that children are only identified by their first name (unless there is a good reason).
SIGNATURE DATE

PARENT / GUARDIAN (FIRST CONTACT)

FORENAME	SURNAME
ADDRESS	
DAY PHONE	EVENING PHONE
MOBILE	EMAIL

SECOND CONTACT

FORENAME	SURNAME
ADDRESS	
DAY PHONE	EVENING PHONE
MOBILE	RELATION TO CHILD

I declare that to the best of my knowledge the information contained in this form is correct and complete, and I consent to HRCST holding it on their database for the purpose of administration.	
SIGNATURE	DATE