

Brighton Watersports

Parental Consent form (under18's)



Thank you for choosing to take part in activities with Brighton Watersports.

As part of **Adventure Activities Licensing Regulations (AALR) 2004/ Royal Yachting Association** (to whom we are regulated by) we require a signature on the next page.

Brighton Watersports thrives on being as inclusive as possible. Knowing a child's background means that we can be as prepared as possible to ensure their experience is amazing!

Please note there are two pages to this document.

I,, (Name of parent/guardian) agree that:

- I understand that Brighton watersports and its representatives, whilst taking all reasonable care, can accept no responsibility for any loss of, or damage to property, or for any personal injury during or out of the activity, unless they are deemed to be negligent.
- I understand that Brighton Watersports staff may cancel participation if my child does not obey the guidance given.
- My child is suitably fit to undertake the activity. Please list below any medical conditions that we should be aware of e.g asthma, heart condition, epilepsy, diabetes, any medical condition that might be aggravated/affected by the activities.
- Please advise of any disabilities that may affect your child ability to take part.(list below)
- Please advise of any Mental health issues i.e anxiety (even if mild) that may affect your child during the activity. (list below)
- Please advise if your child has any allergies (please provide medication), especially nut, stings, dairy, and add to the space below. (list below)
- Please advise of any gender references and preferences.

Can Your Child swim: (Please circle one)

- Yes, and is confident in water.
- No, but is confident in water.
- No, is not confident in water and will require assistance.

Medical consent:

- I give permission to the organisers of activities i.e., Brighton watersports, to administer any relevant treatment/First aid or medication to the below-named participant when or if necessary.
- In an emergency, I authorise the organisers (if no response from Primary or Secondary contact) to take my child to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.

Covid-19 adjustments

- I understand that Brighton Watersports may have to make last minute adjustments to activities, or the way activities are run in line with latest Government Covid updates.
- I understand that my child will adhere to Covid guidelines that are in place at Brighton Watersports sites.
- Please do not visit any of our sites if you have COVID-19 symptoms or have been in contact with anyone who has contracted the illness or told to self-isolate.

What to Bring: Footwear suitable for the water, suntan lotion, towel, water bottle, any food required, (there are no shops nearby) change of clothes. Wetsuits and Buoyancy aids will be provided.

Previous experiences

Please list below any experience your child may have of watersports and any qualifications they may have.

Please list below details of any Medical, Allergies, Mental Health, or disabilities.

(The Senior instructor may discuss with you or your child directly and in confidence if required)

<u>Previous watersports experience</u>	<u>Any qualifications</u>	<u>Date taken</u>
<u>Any medical conditions</u>	<u>Symptoms</u>	<u>treatment</u>
<u>Allergies</u>	<u>Symptoms</u>	<u>Treatment</u>
<u>Mental health</u>	<u>Symptoms</u>	<u>Treatment</u>
<u>Disabilities</u>	<u>Gender References and preferences</u>	

Doctor and contact Number:

Signature and name of parent/ guardian:	DATE:
Name of child/children and age:	
Emergency contact Preferred: Name/relationship contact number:	
Emergency contact Back up: Name/relationship contact number:	