



**APPLICATION FORM FOR WILTON SCOUTS PLAYSAIL SESSION 2009**

SURNAME  FORENAME(S)  D.O.B

ADDRESS  CONTACT TELEPHONE NO:

POSTCODE  RYA MEMBERSHIP NO: (if applicable)

EMAIL ADDRESS

NAME OF PARENT/CARER

ADDRESS  CONTACT TELEPHONE NO:

POSTCODE  **(ONLY COMPLETE IF DIFFERENT TO DETAILS GIVEN ABOVE)**

As parent/carer of the above named child I confirm that:

- He/she can swim 50 metres
- I am satisfied with the details supplied about SYCSA and agree to him/her taking part in its activities.

Due to the **Activity Centres (Young Person's Safety) Act 1995**, all people under the age of 18 applying for any of the courses offered by SYCSA must be a member of the Association. There is no membership fee.

**Members :-**

1. Are entitled to participate in all the activities of SYCSA.
2. Must comply with the rules and regulations of SYCSA.
3. Should consider making your own insurance arrangements for personal accident cover. SYCSA has public liability insurance.

Please be aware that your details will be stored on a computer database for the administrative purposes of SYCSA only and will not be disclosed to any other third party.

Please enrol him/her as a member of SYCSA.

Child's signature: ..... Date: .....

Parent/carer's signature: ..... Date: .....

**Declaration of fitness to take part in the activities of SYCSA.**

Details of any medical treatment being received. ( If none, please write "none")

I declare, to the best of my knowledge, he/she is not suffering from epilepsy, giddy spells, asthma, allergies, diabetes, brittle bones, angina, any other heart condition, any serious communicable disease (e.g. Hepatitis B or C etc) or anything that the organisers need to be aware of and am fit to participate in the school sailing course.

**Please note that sufferers of any of the above conditions will not necessarily be barred from the activities, but the organisers need to know.**

Parent/carer's signature: ..... Date: .....

**PLEASE TURN OVER**

**Agreement for the administration of any necessary medical treatment.**

I agree that should it become necessary, the appropriate medical treatment may be administered to the above name child as First Aid and as might be recommended by a Medical Practitioner.

Parent/carer's signature: ..... Date: .....

**Agreement for media recording and disclosure of image(s) and name(s)**

I grant/deny permission to SYCSA to use my child's image and name as marked by my selection(s) below.

Such use includes the display, distribution, publication, transmission, or other use of photographs, images, and/or video taken of me for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos and digital images such as those on the SYCSA Web site. **(Please mark all that applies):**

**Deny permission to use my child's image at all.**

**Deny permission to use my child's name at all.**

**Grant permission for my child's name and/or image to be used in the following way.**

**Limited usage:** I give permission for usage of **my child's name in printed materials within SYCSA.**

**Limited usage:** I give permission for usage of **my child's name in printed materials in the wider community.**

**Limited usage:** I give permission for usage of **my child's name in educational materials only** (not marketing). This could be either **within SYCSA and/or the larger community.**

**Limited usage:** I give permission for usage of **my child's image in group photographs.**

**Limited usage:** I give permission for usage of **my child's image in individual photographs.**

**Unrestricted usage:** I give unrestricted permission for usage in print, video and digital media. I agree that these images may be used by SYCSA for a variety of purposes and that these images may be used without further notification.

Parent/carer signature: ..... Date: .....

**Please give details of any RYA Sailing Certificates already achieved.**

**RYA Young Sailor's awards (Mark all that apply)**

Stage 1 Date achieved : .....

Stage 2 Date achieved : .....

Stage 3 Date achieved : .....

Stage 4 Date achieved : .....

Please make a copy of this form for your own records and **give** the original to:-

**The Scout Group Sailing Coordinator.**

**To then be returned to:  
Dr. P Branson for SYCSA**

**Please tick the course dates which you can attend:**

**29 June**

**For Administrative Use only:  
Updated March 2009**