



APPLICATION FORM FOR WILTON SCOUTS PLAYSAIL 14th May 20112

SURNAME	<input type="text"/>	FORENAME(S)	<input type="text"/>	D.O.B	<input type="text"/>
ADDRESS	<input type="text"/>		CONTACT TELEPHONE NO:	<input type="text"/>	
	POSTCODE				
EMAIL ADDRESS	<input type="text"/>				
NAME OF PARENT/CARER	<input type="text"/>				
ADDRESS	<input type="text"/>		CONTACT TELEPHONE NO:	<input type="text"/>	
	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 S.Y.C.S.A. and agree to my child taking part in its activities.
- I understand that my child:-
 1. Is entitled to participate in all the activities of SYCSA.
 2. Must comply with the rules and regulations of SYCSA.
- I should consider making my own insurance arrangements to cover my child for personal accident whilst taking part in any SYCSA activity. (SYCSA has public liability insurance).
- I am aware that my child's 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 S.Y.C.S.A..
 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 activities of S.Y.C.S.A.

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:

Do you consider that your child has a disability? Yes No

If yes please provide further details on a separate sheet so that the organisers can make any necessary arrangements to accommodate your child's disability.

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 s 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):

Unrestricted usage: I give unrestricted permission for usage in print, video and digital media.

I agree that **my child's name and image** may be used by SYCSA for a variety of purposes and that these images may be used without further notification.

Grant permission for my child's name and/or my 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.**

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

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

Parent/carer signature: Date:

Please give details of any previous experience and RYA Sailing Certificates already achieved.

List previous experience		
<u>RYA Young Sailor's awards</u>	Date achieved (Mark all that apply)	If any certificates were achieved at a RYA Training Centre other than SYCSA, please bring your RYA Log-book with the certificate(s) to the first session.
Stage 1		
Stage 2		
Stage 3		
Stage 4		

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

**The Wilton Scouts Sailing Coordinator to be returned to
Dr. P Branson
For SYCSA**

Please tick the course dates which you will attend:

14 May