

ROYAL VICTORIA YACHT CLUB

Cadet Registration and Medical Consent Form 2008

This form should be completed and returned to the **Cadet Organisers**,
 RVYC, 91 Fishbourne Lane, Fishbourne, Isle of Wight PO33 4EU
 Telephone 01983 882325 e-mail rvyc@lineone.net Website www.rvyc.net

Each Cadet needs to have a registration and medical form completed to participate in Club activities during 2008. These forms require parents to provide details of any medical conditions the Cadet has, and formally agree to be responsible for the Cadet when at the Club.

You should be aware that your home phone number may be made available to other Cadet parents and that during the season photographs may be taken of cadets whilst training or sailing and used for publicity or training purposes. If this creates a problem for you – please speak with the cadet organisers.

Cadet Details

Full Name	Date of Birth

Parent's Contact Details

Parent's Name		Address			
Email					
		Telephone (Home)	Telephone (Mobile)	Emergency Contact No (in case of accident)	

Cadet's Sailing Experience

Group Last Year, Courses taken

Boat Details

We will be using a Club	Optimist / Topper	We will be using our own	Optimist / Topper
<i>RVYC's own dinghies are generally available for cadets in their first year – thereafter there is an expectation that the cadet will have his/her own boat. Cadet organisers can give advice on purchasing boats...</i>			
If using your own boat please give details. Please ensure that if kept in the dinghy park it is stowed in a rack and has the appropriate dinghy fee paid			
Type	Name	Sail Number	

We, (Parent and Cadet), have read the attached Cadet activity notes and will abide by them.

Signed by Cadet _____

Signed by Parent _____

Data Protection

The personal information that you provide will be handled by the Royal Victoria Yacht Club in accordance with the Data Protection Act. 1998. It will only be used for the purpose of maintaining our membership records. Your information will not be used for any other purpose, and will not be disclosed to any other parties or outside individuals or bodies.

Medical Consent Form

I, the parent / guardian* of:

Cadet Name _____

- Give permission to the leaders participating in RVYC Cadet activities during the period **1st April 2008 to 31st March 2009** to administer any relevant treatment or medication to the named participant, when/if necessary.
- I undertake to inform the RVYC of any known conditions and medical requirements, or any which develop during the period
- In addition, if the case arises, I authorise the RVYC to take my son/daughter to hospital and give 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.

Parent / Guardian's * consent

_____(Signature) _____(Please print)

**Delete as appropriate*

Medical Details

Please list any medical requirements we should be aware of for this Cadet

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