

GO SAIL MEDICAL FORM

Any individual or guest sailing with UKSA who is going afloat are required to complete a medical form.

Personal details

Full name: _____

Age: _____ Date of Birth: _____

Address: _____

Telephone number (home): _____

Telephone number (mobile): _____

Email*: _____

Can you swim 50m in light clothing? (please circle) YES NO

Would you describe yourself as (please circle)

"Can swim like a fish" "Water confident" "Poor swimmer"

Next of Kin

Please provide the details of the person we should contact in case of an emergency.

Name: _____

Address: _____

Mobile Number: _____

Relationship to you: _____

Medical information

Please declare any medical conditions we should know about here:

Declaration

I declare that the information given is accurate and true and that I have not knowingly withheld any information.

Consent for the use of photography or video - UKSA recognizes the need to ensure the safety and welfare of children and young people taking part in boating.

In accordance with our child protection policy we will not arrange for photographs, video or other images or young people to be taken without the consent of the parents/carers and children. Therefore we would like to ask your permission. UKSA will follow the guidance for the use of images, a copy of which is available from UKSA. UKSA will take all steps to ensure that images are used solely for the purposes for which they are intended i.e coaching, marketing brochures, videos and net. Names of children or groups are never placed alongside photos.

Please circle appropriately:

I am *happy / not happy* for photos and video to be taken of my child for the purposes of coaching and marketing UKSA as an organisation.

Signed: _____ Print name: _____ Date: _____

*By providing your email address you are agreeing to receive relevant special offers and seafaring news including the latest on our specialist courses.