



## Junior Section Registration Form Junior Sailing 2016

- 1) Please complete and send this registration form to Nikki Tanguy, Ma Petite, Les Ruettes, St Andrews, Guernsey GY6 8UQ.
  
- 2) Please pay on-line at [www.gyc.org.gg](http://www.gyc.org.gg) junior section, payment of fees at the bottom of the main screen or alternately by cheque payable to Guernsey Yacht Club and send to Nikki Tanguy, Ma Petite, Les Ruettes, St Andrews, Guernsey GY6 8UQ or drop into the letterbox at the club.

**SAILOR DETAILS:**

|                           |   |
|---------------------------|---|
| Sailor Name:              |   |
| Home Address:             |   |
| Date of birth:            |   |
| Family Email address      |   |
| Sailor Email address      |   |
| Boat Type – <b>OWN</b>    | <b>Delete as appropriate</b><br>Optimist      Laser 4.7      Laser Radial      Feva |
| Boat Type - <b>RENTAL</b> | <b>Delete as appropriate – Rental boats only</b><br>Buccaneer      Laser      Feva  |
| Sail number               |   |
| Boat name (if any)        |   |

**EMERGENCY CONTACTS:**

Parent/Guardian

|                |  |
|----------------|--|
| Name:          |  |
| Relationship:  |  |
| Home Number    |  |
| Mobile Number: |  |

Parent/Guardian

|                |  |
|----------------|--|
| Name:          |  |
| Relationship:  |  |
| Home Number    |  |
| Mobile Number: |  |



# GUERNSEY YACHT CLUB<sub>LBG</sub>

Founded 1890

Reg No: 47446

CASTLE EMPLACEMENT, ST PETER PORT, GUERNSEY GY1 1AU.

Tel: CLUB SECRETARY - 01481 722838.

MEMBERS - 01481 725342.

FAX - 01481 711890

E mail: [gyc@cwgsy.net](mailto:gyc@cwgsy.net)

Website: [www.gyc.org.gg](http://www.gyc.org.gg)

## Junior Section

### DOCTOR DETAILS:

|               |  |
|---------------|--|
| Doctors Name: |  |
| Practice:     |  |
| Telephone no: |  |

It is your responsibility to make known any potential medical conditions that may affect you during the activities associated with the programme you will be taking part in. Please therefore provide as many details as possible. This information will be shared with the organisers and coaches at events and training.

Have you ever suffered from any of the following conditions? (delete as appropriate)

- |   |     |    |
|---|-----|----|
| • Asthma/bronchitis                           | Yes | No |
| • Heart conditions                            | Yes | No |
| • Fits, fainting or blackouts                 | Yes | No |
| • Severe headaches                            | Yes | No |
| • Diabetes                                    | Yes | No |
| • Epilepsy                                    | Yes | No |
| • Travel sickness                             | Yes | No |
| • Allergies to medication                     | Yes | No |
| • Any other allergies                         | Yes | No |
| • Other illnesses or disabilities             | Yes | No |
| • Any other information we should be aware of | Yes | No |

If you have answered Yes to any of the above, please provide details in the box below.

When did you last have a tetanus vaccination?

Year .....

Are you currently taking any medication? If so please specify below and confirm if this medication needs to be taken afloat:

Are you suffering/recovering from any injuries which may affect your sailing?



## Junior Section

**Sailor declaration:**By signing this Registration form, I accept that I am responsible for myself and boat whether afloat or ashore. I also agree to be bound by the GYC Sailing Instructions contained within the year book and other instructions issued from time to time. I have read the document "guidance for junior sailors" on the GYC junior website.

Signed (Sailor) \_\_\_\_\_

**Parent/Guardian declaration:** Under law this sailor is my dependant. I am responsible for my dependant, for his/her behaviour and adherence to the Club rules. I agree

I acknowledge that there is an element of risk in this sport and that all sailors participate at their own risk. My dependant can swim 25 m in open waters and is competent and fit and healthy to take part in the GYC activities. I agree

I give permission to administer any relevant treatment or medication to the above-named participant when or if necessary. Yes

In an emergency situation I authorise the organisers to take my son/daughter 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. I agree

I am the owner/person in charge of the above boat and I confirm that third party liability of at least £2,000,000 full risk insurance cover is held(except boat type rental as listed above). Yes

My son's/daughter's image may be used by the Guernsey Yacht Club and local newspapers, and that I am aware that my son/daughter may be video recorded whilst sailing. I agree

I understand that Emails will be sent as open Emails to all parents and sailors. I give permission for these details to be held in electronic form. I agree

I have read the "guidance for parents and guidance for helpers" documents on the GYC junior website. Yes

The information contained in this form will be available to other parents and helpers to ensure child safety. Please let us know if you do not wish this information to be shared.

Signed parent /guardian \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_