

## Consent Form

**TCYC Dinghy Regatta 2016**  
**Saturday 24<sup>th</sup> & Sunday 25<sup>th</sup> September 2016**  
**Consent Form for Juniors, Helm and Crew**  
**(Under 18 on September 24<sup>th</sup>, 2016)**

Please complete a second form for the crew.

I agree to my son/daughter taking part in the TCYC Dinghy Regatta, 2016:

Name of Parent/Guardian	
Address	Telephone Numbers:
	Home
	Work
	Mobile
Name of Son/Daughter	
Your son/daughter has no significant medical conditions and will not require any medication during the Regatta.  Agree? Yes/No	If No: My son/daughter suffers from the following conditions and will require medication/treatment as follows:

In an emergency, if I cannot be contacted, please contact:

Name of Alternate	
Address	Telephone Numbers:
	Home
	Work
	Mobile

In the event of an accident/acute illness I give my consent to my son/daughter receiving emergency medical treatment.

I consent to my child being photographed or videoed during the regatta.

Signed:.....

Date:.....