



**HELFDORD RIVER
CHILDREN'S
SAILING TRUST**
www.hrcst.org.uk

**PARENTAL CONSENT
& ENROLMENT**

HOLIDAY SAILING

FORENAME
SURNAME
DATE OF BIRTH
DATE OF COURSE
PREFER AM OR PM?

PREVIOUS EXPERIENCE	SWIMMING ABILITY / WATER CONFIDENCE
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Please state the details of any disability, disease or condition from which your child suffers (if none, write none)

Please state the details of any medical treatment being received by your child (if none, write none)

I declare that to the best of my knowledge my child is fit to participate in any HRCST activity, and I consent to any emergency treatment for my child during an HRCST activity.

SIGNATURE _____ DATE _____

I consent to images of my child being used in conjunction with publicity in all media for HRCST, and any associated organisations. HRCST will take all steps possible to ensure that images are used solely for the purpose for which they are intended, that personal details are avoided, and that children are only identified by their first name (unless there is a good reason).

SIGNATURE _____ DATE _____

PARENT / GUARDIAN

FORENAME	SURNAME
HOME ADDRESS	
HOLIDAY ADDRESS	
DAY PHONE	EVENING PHONE
MOBILE	EMAIL

EMERGENCY CONTACT

FORENAME	SURNAME
DAY PHONE	EVENING PHONE
MOBILE	EMAIL

I declare that to the best of my knowledge the information contained in this form is correct and complete, and I consent to HRCST holding it on their database for the purpose of administration.

SIGNATURE _____ DATE _____

From the date of this declaration until further notice I request that HRCST (Registered Charity 106449) treat any donations I may make as Gift Aid Donations. I understand that I must pay an amount of income / capital gains tax at least equal to the tax the charity reclaims on my donations in the tax year.

SIGNATURE _____ DATE _____