



Tudor Cadets – 2018 Registration Form

Cadet Information

Name	
Date Of Birth	Age
Address	
Postcode	
Home Telephone	
Tudor Membership Number	

Medical Conditions

Do you suffer from any condition or illness that might affect you on the water? *Please tick and provide further details / medication.*

- Asthma
- Diabetes
- Epilepsy
- Severe Allergic Reaction
- Fainting or Blackouts
- Heart Condition
- Other (specify in notes)

Sailing Experience

- None
- 0-1 Years
- 1+Years

Swimming Ability

- Cannot swim
- Can swim up to 10 meters
- Can swim over 10 meters

Notes (e.g. medication, additional information etc.)

Parent / Legal Guardian / Carer Contact Details

Name	Phone	Email



Declaration

- I consent to the child named on this document taking part in Cadet Sailing and confirm they are confident in the water and have no medical condition that prevents them taking part.
- I will be present at the club during Cadets to be responsible for the above-named child**, or I will make arrangements for another adult to do so in my place.
- I give permission for my child to be used in photographs/videos that may be taken by the club and understand these may be used on the club website and social media
- I consent to the above details being stored and used by Tudor Sailing Club to contact me or my child with respect to Cadet Sailing.

Name	Date	Signature
------	------	-----------