



Oppie / Youth and Junior Training at Reading Sailing Club Application Form

Name

Date of Birth

Address

Telephone number

Emergency contact name and number

Parent's Email address

Are you applying for Oppie Beginners or Oppie Improvers or Youth and Junior?

Previous Sailing experience if any

Swimming Ability

Health Declaration Details of any medical treatment being received (if none write 'NONE')

If your child suffers from epilepsy, giddy spells, asthma, diabetes, heart condition, allergies, or anything else you believe may affect them during their time with us, or if your child has any learning difficulties please provide details'

I will accept responsibility for my child at all times during Oppie / Youth and Junior Sailing.

Signature of Parent

Important this is a 2 page form. Both pages must be completed and signed

In accordance with our child protection policy Reading Sailing Club does not allow for photographs or video of young people to be taken or published without the consent of the parents/guardians and children.

Conditions of Use of Photography or Video

1. *We will only identify a child by reference to the child's first name*
2. *We may use photographs within the clubhouse or on the club website*
3. *We will only use photographs of children who are suitably dressed, to reduce the risk of such images being used inappropriately.*
4. *Photographs or video may be used for coaching purposes to illustrate incidents on the water.*

Consent for use of photographs and video

I grant Reading Sailing Club without payment the right in perpetuity to make, use and show any photograph or video. I have read and understood the Conditions of Use above.

By completing/returning this form you consent to the storage and processing of your data by Reading Sailing Club and their contracted data processors inline with our Data Privacy Policy available at <https://www.readingsc.org.uk/data-privacy-policy/>

Signature of Parent

Signature of Child

Please email completed form to oppies@readingsc.org.uk