

HYSTS USE ONLY

Appendix E

**Application for junior (18 yrs or under) membership**

Please complete this form using **BLOCK CAPITALS** in blue or black ink. \*fields are optional.

**SECTION A: Participant details**

|             |  |
|-------------|--|
| First name: | Surname:   |
| Address:    | Date of Birth:                      Age:             |
| Post code:  | Name of person with parental responsibility:         |
|             | Relationship to applicant:                           |
| Phone:      | Mobile*:   |
| Email*:     | Preferred method of contact (delete): home/mob/email |

**SECTION B: Emergency contact number, please provide two. (One can be as above, if appropriate)**

|               |               |
|---------------|---------------|
| Name:         | Name:         |
| Relationship: | Relationship: |
| Address:      | Address:      |
| Post code:    | Post code:    |
| Phone:        | Phone:        |
| Mobile*:      | Mobile*:      |

**SECTION C: Medical information,**

|                  |  |
|------------------|--|
| Name of GP:      | National Health Insurance Number (if known): |
| GP phone number: |  |

Has your child ever suffered from the following conditions?

- |   |  |
|---|--|
| <input type="checkbox"/> Asthma or bronchitis         | <input type="checkbox"/> Allergies to any known medication                 |
| <input type="checkbox"/> Heart Condition              | <input type="checkbox"/> Any other allergies (eg material, food, plasters) |
| <input type="checkbox"/> Fits, fainting and blackouts | <input type="checkbox"/> Travel Sickness                                   |
| <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> Seasonal hay fever                                |
| <input type="checkbox"/> Severe Headaches             | <input type="checkbox"/> Any other illness or disability                   |
| <input type="checkbox"/> Require regular medication   |  |

Please provide further details, or any other medical information that may be important.

**SECTION C continued:** Medical information

**A:** Has your child been vaccinated against **Tetanus** in the last ten years? Yes / No

**B:** Is your child receiving **medical or surgical treatment** of any kind from your doctor or a hospital?  
Yes / No

**C:** Has your child been given specific medical **advice to follow in emergencies?** Yes / No

**If the answer to B or C is YES please provide details here:**

**SECTION D:** Consent and declaration, to be completed by person with parental responsibility

**Consent for taking images** During the course of the year pictures and videos may be made of HYSTS activities. This material will be handled in accordance with HYSTS Safeguarding and Child Protection Policy and Guidelines. Your consent will be requested prior to any image featuring a child that you have parental responsibility for being published.

**Personal contact** I understand that my child may need to be assisted into a (safety) boat and that this will require personal contact. This will always be done in a respectful and appropriate way; typically, by contact with the forearm, bottom of the buoyancy aid and lower leg. Yes / No

**Declaration:**

I confirm that I have parental responsibility for \_\_\_\_\_ and that he/she is in good health and I consider him/her capable of, and consent to him/her taking part in, the activities of HYSTS as listed in the **HYSTS General Information Leaflet 2021**. I confirm I have read the HYSTS General Information Leaflet 2021 provided, which explains the activities of the Havant Youth Sail Training Scheme. I am aware that details of the **HYSTS Data Protection Policies** can be found at: [www.hysts.co.uk](http://www.hysts.co.uk)

I confirm that **the applicant is confident in the water.**

In the event of illness or accident I consent to any necessary medical treatment which might include the use of anaesthetics.

I have checked the information provided on this form and confirm that to the best of my knowledge it is accurate and correct. I will advise HYSTS immediately in writing any changes in information or circumstances detailed on this form.

**Signature** of person with parental responsibility \_\_\_\_\_

**Print name** of person with parental responsibility \_\_\_\_\_ **Date** \_\_\_\_\_