

SEAS Participant / Volunteer Registration Form 2021

MAIN PARTICIPANT CONTACT DETAILS

Name	
Address	
Contact no.	
Email address:	
If you are under 18, your parent or guardian must complete and sign the Parent/ Guardian Consent Form at page 3.	

ABOUT YOU

Do you have any previous boating/outdoor experience or qualifications? If yes, please give brief details.	
Are you water confident?	Yes/No
In the interests of your safety do you have any medical conditions or impairments that the Conway Centre needs to be aware of that may affect your ability to take part in the SEAS activities?	Yes/ No If you answer yes please provide further details in the Medical Information and Impairments section of this form at page 3.
Telephone number of emergency contact.	

ABOUT OTHERS in your bubble (from the same address – family members etc)

Name:	
Name:	
Name:	
Name:	
Please list their previous boating experience and/or qualifications.	

Please ensure each member in your group provides details of any medical conditions or impairments that the Conway Centre/SEAS needs to be aware of that may affect them during SEAS activities in the Medical Information and Impairments section of this form at page 3.

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To assist SEAS in inviting you/your bubble to a session which provides the best possible experience, please can you tick one of the box's below that best describes you/your bubble:

I/My bubble require wheel chair access/require significant assistance with mobility	I/My bubble require assistance with mobility but are not confined to a wheelchair/s	I/My bubble require only limited assistance with mobility

The SEAS Sailability Charity would also like to include your contact details on a mailing list in order to make you aware of training opportunities and future events.

If you would like to be included on this mailing list please tick here

PHOTO CONSENT

If you consent to the use of images of you being used by for the purpose of promoting Sailability and inclusive activity please tick here

If you are taking part in the SEAS sessions as a family, your family members, aged 18 and over, should indicate they consent to the use of their image separately below.

Family member

Family member

Family member

PARENTAL/GUARDIAN CONSENT (if children under 18) If you consent to the use of your child's image being used for the purposes above please tick here

If you/ the individuals listed above later wish to withdraw consent, please contact either Richard Horovitz (SEAS) or Jon Gamon (Conway Centre).

AGREEMENT (to be signed by all persons over 18)

I confirm that I have read and fully understand the Attendance Terms and agree to comply with them.

Signed..... (The Participant) Date.....

Signed..... (The Participant) Date.....

PARENTAL/GUARDIAN AGREEMENT (if children under 18)



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Name of parent/ guardian completing this form.....

Relationship to participant.....

Supervision (tick one box)

I will be responsible for my child throughout the session. I will be available at the event venue

OR

I appoint the person named below, who has agreed to act in loco parentis. He/she will be responsible for my dependant throughout the event. He/she will be available at the event venue

Name of person appointed

in loco parentis.....

Mobile number.....

I agree that _____ may take part in the Event. I confirm that I have read through the above conditions with him/her and that she/he understands and agrees with them. I also confirm that he/she takes part in the Event with my full agreement that that the particulars given above are correct and complete in all respects.

Signed.....Parent/Guardian.....

Date.....

MEDICAL INFORMATION AND IMPAIRMENTS

If you declared that you have a medical condition or impairment that the Conway Centre/SEAS needs to be aware of because it may affect your ability to take part in the sessions please provide details below.



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SPECIAL CATEGORY DATA

I confirm that I have given the Conway Centre the medical information listed on this page (if any) for the purposes of my participation in the SEAS Sailability sessions. I understand that this information will only be used for that purpose and will be retained for as long as necessary to comply with the Conway Centre's legal obligations.

Data Privacy

The Organiser has a Data Privacy Policy which can be found at www.seassailability.org.uk. Your data will be stored and used in accordance with that policy. The information you provide in this form will be used to facilitate your participation and to contact you. If you wish to withdraw your agreement at any time, please contact seassailability@yahoo.com.

Please tick to confirm your agreement

Loss or Theft of Personal Property

Neither the SEAS Sailability Charity, Edsential nor Conway Centre, nor any member of staff, accepts liability for the loss, theft or damage to the personal property of any visitors to the Centre. Visitors should therefore ensure that they have adequate insurance cover.

Declaration:

I agree to participate in an outdoor and adventurous activity provided by The Conway Centre; Anglesey. I understand that Edsential is insured in respect of its legal liabilities only, and that there is no Personal Accident Cover (you may wish to arrange your own cover if you consider it necessary).

SEAS Sailability is insured in respect of its legal liabilities to its shore side volunteers.

I agree to receive emergency medical treatment, including anesthetic, as considered necessary by the medical authorities present.

Signed:

Date:



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I agree to my child receiving emergency medical treatment, including anesthetic, as considered necessary by the medical authorities present.

Signed:

(Parent/Guardian)

Date:

Note to attending SEAS activities at the Conway Centre

This information is not meant to alarm you, merely to ensure our staff team/volunteers are fully prepared in order to provide you with an enjoyable and worthwhile experience of outdoor activities. Thank you for your help.