

<b>Individual Details and Consent Form</b> When completed please return this form to <a href="mailto:info@theislandtrust.org.uk">info@theislandtrust.org.uk</a>		
<b>Voyage date:</b>	<b>First and last name:</b>	<b>Vessel:</b>
Date of birth:	Age:	Gender: Male / Female
Address:		Postcode:
Phone number:	Email:	
<b>Emergency contact name:</b>	<b>Relationship:</b>	
	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
<b>Emergency contact phone numbers:</b>		
Emergency contact address if different to above:		Postcode:
<b>Do you have any previous sailing experience: Yes/No</b> <b>If yes, tell us what that is:</b>		
<b>What RYA course would you like to do:</b>		
<b>Are you undertaking your DofE Gold Residential: Yes/No</b>		
<b>Any dietary requirements:</b>		
Illness, medical conditions and disability need not prevent anybody from taking a full part in this activity, but we need to be informed in advance of any issues that may affect safety on board. <b>Please give details of any disability, condition, allergies, illnesses, recent injuries or medical treatment being received. Continue on a separate sheet if necessary.</b>		
By leaving this box empty and signing below, I declare that to the best of my knowledge, the above participant is not suffering from epilepsy, disability, asthma, diabetes, angina, or any other condition, and is fit to participate in the course.		
<b>Swimming ability:</b> <input type="checkbox"/> None <input type="checkbox"/> Elementary <input type="checkbox"/> Satisfactory <input type="checkbox"/> Excellent		
<b>I consent to my/my child's photograph and/or video being taken and used in the promotion of The Island Trust and Island (Cutter) Ltd eg website, social media, printed material, presentations:</b>		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
I understand that if I/my child fails to behave in an appropriate manner I/they may be removed from the boat and sent home and that I may be required to bear the cost of this action. This form is valid for the 2019 sailing season and I will notify any changes if I/my child sail again during that time.		
<b>Signed:</b>	<b>Print name:</b>	<b>Date:</b>
<b>(If under 18 years old you must ask a parent or legal guardian to sign on your behalf)</b>		

Information we collect, process and hold will be used to manage our relationship with you effectively, lawfully and appropriately. Our [Privacy Policy](#) can be viewed on our website.

Island (Cutter) Ltd. 10 Manston Terrace, Exeter, Devon EX2 4NP Email: [info@theislandtrust.org.uk](mailto:info@theislandtrust.org.uk) Tel: 01752 823007 Fax: 01752 414141

Registered Company no. 05925756 Directors: RF Lloyd MBE, CJ Macdonald-Brown, JM Lloyd  
 A wholly owned subsidiary of The Island Trust Ltd, 10 Manston Terrace, Exeter, Devon, EX2 4NP  
 Registered in England no. 03107339 Registered Charity no. 1049722

