Adventure Under Sail makes every effort to ensure the safety of every person on board. Our trainees are expected to assume responsibility for their own safety. If there are any medical, behavioral or other details that are important for us to be aware of in terms of your child/ward’s safe participation in the voyage, it is your responsibility to declare this information to us

Name of Trainee:……………………………………………………………………………………….(Please Print)

Name of Parent/Guardian:………………………………………………………………………… (Please Print)

Contact numbers in case of emergency:…………………………………………………………………………

**Please complete the below Medical History – if there are no medical issues please put N/A**

|  |  |  |  |
| --- | --- | --- | --- |
| Medical History – please mark the appropriate boxes if trainee has/had any of the following: | | | |
| Learning disability/difficulty including autism, Asperger’s or dyspraxia |  | Allergies, including allergies to medication |  |
| Epilepsy, fits, fainting, black outs or loss of consciousness |  | Regular use of medication/drugs |  |
| Anxiety/Depression or Social Disorder |  | Heart condition |  |
| Wheelchair user |  | Hepatitis |  |
| Physical Disability |  | Asthma/bronchitis |  |
| ADD, ADHD, ODD |  | Any serious illness |  |
| Hearing impaired |  | Any serious operation |  |
| Visually impaired |  | Other Please State |  |
| Diabetes |  | Travel Sickness |  |
| Severe headaches |  |  |  |

**NOTE: Past or current medical conditions, set out above, will not necessarily preclude a trainee from being accepted for a voyage – but in the interests of safety, we MUST be aware of al conditions**

|  |
| --- |
| **Medical History – If you have marked any of the boxes above please provide further details:** |
| **Are you currently taking any medication? If so please specify:** |
| **Are you suffering or recovering from any injuries which may affect your sailing?** |

Medical Consent

I give permission to the organisers of activities during the period of ……………….(dd/mm/yy) ………………………. (dd/mm/yy) to administer any relevant treatment or medication to the above named participant when or if necessary

In an emergency situation I authorize the organisers to take the above named to hospital and give my full permission for any treatment required to be carried out in accordance with the diagnosis given by a medical professional.

Signed:……………………………………………Date:……………… Full Name (pls Print)…………………………………………..

**TRAINEE UNDERTAKING**

**(Please ensure you place a Y if you agree and N if you do not in the follow8ing boxes)**

**I………………………………………………………………………………………Agree to make a commitment to:**

|  |  |
| --- | --- |
| 1. **I accept that there are risks associated with a sailing voyage and in order to minimize those risks I undertake to follow the rules and guidelines as directed by the professional crew and youth mentors on board** |  |
| 1. **I will not possess, transport or consume, or be under the influence of illegal drugs at any time during the voyage or in the travel to and from the voyage.** |  |
| 1. **I accept that it is illegal to consume alcohol under the legal age limit (18) and in doing so will affect my participation in this voyage** |  |
| 1. **I give permission to the organisers of activities during the voyage to administer any relevant treatment or medication when or if necessary** |  |
|  |  |
|  |  |

**Signed: …………………………………………………………………. Date ………………**

**Please email form to diana@adventureundersail.com**