



Confidential
Parental Consent Form
For individuals under 18 years of age,
attending BFYC Training Events.



Course Title

Individuals's name

Date of Birth Age

Address Post Code.....

1st Contact Name and Emergency Tel.

2nd Contact Name and Emergency Tel.....

Medical information Please complete where appropriate:-

Does s/he suffer from any pre-existing medical condition requiring treatment. Yes No (please ✓)

S/he suffers from which may require treatment during the course.

S/he suffers from which may affect him/her taking part in activities during the course.

S/he is taking the following prescribed medicines

Known allergies e.g. antibiotic, plasters, food etc.

NHS Medical card number Date of last tetanus, if known

Doctor details: Name Tel

Address Post Code

Specific Dietary Requirments

S/he can swim 25 meters / yards unaided Yes No (please ✓)

Note an individual does not need to be able to swim to complete the course

Parental Consent

I understand the schedule of training and give consent for,

(name).....

to take part in the above course and I also agree to his/her taking part in the activities described. Sign on Page 2.

I undertake to inform the Training Secretary or Senior Instructor if s/he or any family member or other person with whom they have had close contact is known to have or contracted any infectious disease within 21 days prior to the course.

In the event of an accident, I consent to emergency medical treatment, which may include the use of anaesthetics.

A Parent / Guardian is required to be present (on site and contactable) during all training.

Photographs and or video may be taken during the course.

Please use space below for additional information you may wish to give.

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Data Protection Statement

The above information including the questions as to your health and ability will only be used by us to process your booking for the course and for attending to your safety whilst you are on one of our courses. The data will not be shared with any third party.

On successful completion of your course detailed above, your name, certificate number and date of issue will be stored by BFYC for up to seven years. This information allows us to verify or replace your certificate if required.

I agree to BFYC retaining this specific information, tick here

If you do not wish your data to be retained, please be aware that neither BFYC nor the RYA will be able to replace or validate your certificates in the future.

On successful completion of your Powerboat L2 course your name, contact details, date of birth, certificate number, and date of issue will be shared with the RYA through a secure web portal on www.rya.org.uk.

The data will be stored on the RYA central database. This information allows the RYA to record your qualification, to up date any records they hold for you, and to verify or replace your certificate if required. For further information on how the RYA will deal with your data, please see the RYA's Privacy Policy at www.rya.org.uk/go/privacy

Name, please print	
Signature	
Date	