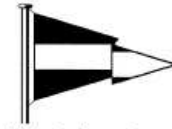


# Herne Bay Sailing Club

Beacon Hill, Herne Bay,  
Kent. CT6 6BA.  
Tel. (01227) 375650



Website: [www.hernebaysailingclub.co.uk](http://www.hernebaysailingclub.co.uk)

Email: [membership@hernebaysailingclub.co.uk](mailto:membership@hernebaysailingclub.co.uk)

## CADET ENROLEMENT FORM

*(Please complete in BLOCK CAPITALS)*

### CADET'S DETAILS

First Name:..... Surname:..... Age:.....

*Cadets under the age of 7 must have one-to-one parental supervision at all times. Cadets aged 7-10 must be accompanied by a parent or guardian for the duration of the cadet event. Cadets aged 10 who are in School Year 6 and Cadets aged 11 or over do not need to be accompanied.*

E-mail address:..... *(To be used to send information about cadet events, newsletters, etc).*

### PARENT/GUARDIAN'S DETAILS

Name of Parent/Guardian:.....

Tel. (Home):..... Tel. (Mob):.....

Emergency Contact Number if different from above.....

### MEDICAL INFORMATION

Does your child have any medical conditions we need to be aware of ? Yes / No

If YES, please give details:

Do you give permission for your child to be given non-prescription pain relief drugs (e.g paracetamol, ibuprofen, etc) ? Yes / No

Does your child have any allergies we need to be aware of (e.g. penicillin, peanuts, etc.) ? Yes / No

If YES, please give details:

Do you give permission for your child to be given emergency medical treatment in the event of an accident if you cannot be contacted ? Yes / No

### WATER CONFIDENCE

Please indicate your child's swimming ability: Unable to swim OR unable to swim at least 10m   
Able to swim 10m  Able to swim 25m

### PHOTOGRAPHY

Photographs may be taken during cadet events or posted on the club web-site or used in promotional material. Video recordings may be made during cadet events and used for training purposes only.

Do you give permission for your child to be included in photographs/video recordings? Yes / No

Signature of Parent/Guardian .....

Date: .....