



## CONSENT FORM

This form MUST be completed by a parent/guardian if the participant is aged under 18.  
A copy of this form will be retained confidentially by the leader/ supervisors of the activity.

|                                    |  |
|------------------------------------|--|
| <b>Email</b>                       |  |
| <b>Participants Full name</b>      |  |
| <b>Home Address (Inc Postcode)</b> |  |
| <b>Mobile Number</b>               |  |
| <b>Date of Birth</b>               |  |
| <b>Gender</b>                      |  |
| <b>Your GP Practice</b>            |  |

### I AM OVER THE AGE OF 18:

- Yes (Skip to Emergency Contact Section)  
 No (Complete the following questions)

|   |  |
|---|--|
| <b>Parent or Carer's Name Full Name</b> |  |
| <b>Home Address (Inc Postcode)</b>      |  |
| <b>Mobile Number</b>                    |  |

### EMERGENCY CONTACT DETAILS

You do not need to complete this section if your Parent/Carer details already provided is your emergency contact.

|                                    |  |
|------------------------------------|--|
| <b>Full Name</b>                   |  |
| <b>Home Address (Inc Postcode)</b> |  |
| <b>Mobile Number</b>               |  |
| <b>Email</b>                       |  |



## SAIL TRAINING TASTER DAYS

Please indicate the activities and date(s) that you are available for.

NOTE: if you do not include all the dates that you are available, you may not be considered for alternatives.

Tick all that Apply:

- Friday 11<sup>th</sup> June 2022  
 Saturday 12<sup>th</sup> June 2022

## ADDITIONAL INFORMATION

Do we need to provide any extra help, for example of a disability, or are there any activities you or your child cannot participate in?

Do we need to know about any medical conditions or allergies? (if yes, please provide details of the condition(s), any medications required or special dietary needs)



**PLEASE TELL US ABOUT YOUR VACCINATION STATUS:**

Tick all that apply:

- Tetanus (Within the last 5 years)
- Covid-19

**PLEASE STATE YOUR SWIMMING ABILITY (For example STRONG, FAIR or POOR)**

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## CONSENT (UNDER 18YRS)

Stornoway Port Authority aims to provide a safe and enjoyable experience for every young person involved. To help us do this, please note the following information:

- All questions on this form, must be completed by parent/carer before taking part in the activity.
- We expect the be notified immediately of any changes to the information given on the form.
- Parents or carers must arrange their child's transportation to and from the activity safely and on time. If a parent or carer is not able to collect their child, they need to let us know in advance who will be doing so.
- We cannot take responsibility for any damaged clothing and/or personal items during the activity.
- Parents or carers must provide their child with suitable clothing (warm layers, hats, gloves, boots), wet weather gear, sun lotion/glasses or medication, as required for the conditions, for the duration of the activity.

### PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS AND INDICATE YOUR CONSENT AS APPROPRIATE:

Tick all that apply:

- I confirm I have read, understood the guidance notes covering the terms of this activity.
- I agree to my child taking part in the stated activity.
- I agree to any medical treatment that my child may need to be given in an emergency.
- I agree to my child being filmed, or photographed during the activity, with the possibility that any photos or footage may be used for publicity, marketing, and promotions. Sail Training Shetland will take all steps to ensure images are used solely for the intended purposes of promoting sail training. If consent is not given, we will not use any images taken during the activity that contains the child.
- I consent to my child's personal data being stored for the purpose of administrating the sail training experience.
- I understand that my child's data may be shared with supervisors of the activity for the purpose of emergency contacts, medical background and to meet any additional support needs.
- I consent to Stornoway Port Authority, Sail Training Shetland and The Swan Trust storing and using the data provided for any future marketing activity.
- I consent to being contacted by Sail Training Shetland or the Swan Trust for the purposes of promoting Sail Training.





## CONSENT (OVER 18YRS)

Stornoway Port Authority aims to provide a safe and enjoyable experience for every young person involved. To help us do this, please note the following information:

- All questions on this form, must be completed before taking part in the activity.
- We expect the be notified immediately of any changes to the information given on the form.
- You must arrange your own transportation to and from the activity safely and on time.
- We cannot take responsibility for any damaged clothing and/or personal items during the activity.
- You must arrive kitted out with suitable clothing (warm layers, hats, gloves, boots), wet weather gear, sun lotion/glasses or medication, as required for the conditions, for the duration of the activity.
- You understand that enjoying the activity and being safe means, you need to follow the behavioural codes, safety rules and nay legal requirements in the countries you are visiting.

### PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS AND INDICATE YOUR CONSENT AS APPROPRIATE:

Tick all that apply:

- I confirm I have read, understood the guidance notes covering the terms of this activity.
- I agree to taking part in the stated activity.
- I agree to talk to the skipper or a Stornoway Port Authority representative if I am not comfortable at any time during the activity so that they can provide support.
- I agree to receive any medical treatment that I might need in an emergency
- I agree to being filmed or photographed during the activity. I agree that the photos or film might be used to tell other people about sail training. I understand that if I do not agree, Sail Training Shetland will not use my images of me.
- I consent to Stornoway Port Authority storing my personal data for the purpose of providing me with the sail training experience.
- I understand that my data may be shared with supervisors of the activity for the purpose of emergency contacts, medical background and to meet any additional support needs.
- I consent to Stornoway Port Authority, Sail Training Shetland and The Swan Trust storing and using the data provided for any future marketing activity.
- I consent to being contacted by third parties who are in partnership with Sail Training Shetland for the purposes of promoting Sail Training, namely, The Swan Trust, Shetland Tall Ships Ltd.

