



Marconi Cup – 27th July 2025 Parent/ Guardian Consent Form

Please complete the form below and return it to your club's representative who is accompanying your child's team if you are happy for your child to participate in this event.

Child's (Sailor's) name: _____

D.O. B: _____

Address: _____

Parent/Guardian contact telephone number: _____

Parent/Guardian email address: _____

Emergency contact person (if you are unavailable) _____

Telephone number: _____

Details of Child's special needs or medical history (i.e. details of any known allergies, conditions or medications). Parents/Guardians are obliged to disclose any information regarding medication which may impact on your child's welfare or behavior while participating in the event:

In the event of illness or injury, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners.

If I cannot be contacted and my child needs emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

I give permission for my child to be photographed/interviewed or recorded during the Marconi Cup event and that these images may be used in coverage of the event in the media, social media, etc.

Declaration:

I hereby acknowledge and accept that sailing and its associated activities are by their nature 'adventure water sports' and that they have certain dangers associated with them. I understand that sailing and its associated activities should not be undertaken without the proper equipment, in particular the proper clothing and safety equipment including but not limited to an appropriate life jacket/buoyancy aid. I further understand and accept that sailing and its associated activities are physical activities that should not be attempted by people who are not

of a suitable level of fitness. I am not aware of any physical illness/injury/condition that may impact on my child's ability to safely participate in sailing or any other associated activities. I confirm that they are reasonably competent swimmers and are comfortable in the water. I understand that they participate in the event entirely at their own risk.

I hereby indemnify the Baltimore Sailing Club, its officers, staff and members (the Club), against any loss or damage, accident, claim, injury or mishap arising from my child's use of Centre's facilities and their participation in the event which shall be at their own personal risk.

I acknowledge that any boat used by my child is not their property and accept that while availing of Club's facilities including any boat detailed to my child by the Club, my child shall be responsible for the management and control of the vessel and the conduct of its crew (as appropriate).

I acknowledge that the Club accepts no responsibility for personal injury, loss or damage to my child's person or property at any time and I confirm that I will not hold the Club responsible for any such injury, loss or damage.

I confirm I have read, understand and accept the terms and conditions attached to this event.

I as Parent/Guardian of this child give permission for them to attend and participate in the Marconi Cup 2025, hosted by Baltimore Sailing Club as part of the

_____ team.

I understand that this event will be conducted according to the Notice of Race, Sailing Instructions (& related amendments) for the event, and the policies and procedures in place in Baltimore Sailing Club.

By signing this form you are agreeing that you and your child abide by the programme and to any agreed procedures that relate to the event include the code of conduct.

Parent/ Guardian name: _____

Parent/Guardian Signature: _____

Date: _____