



HORIZONS Children's Sailing Charity

Membership Joining Form 2017

These details will be entered into a database for our sole use and stored in accordance with the Data Protection Act 1998

Child's Details

Full name

Session(s) Attending: Thursday Evenings Saturday Mornings Both Start Date

Age D.O.B Male Female

School

Home number Mobile number

Home Address

Email address Postcode

Can we add your mobile number to our text messaging information service? Yes No

Please give details of sailing experience

Emergency Contact Details (If there is a second emergency contact, please fill in the box overleaf.)

Full name Relationship to child

Home number Mobile number

Home Address (if different from above)

Email address Postcode

Please Circle Below

Would you like to receive Horizons text messages? Yes No

Would you like to receive our e-news via email? Yes No

Would you like to receive information about the Winter Youth Project? Yes No

Is your child allowed to make their own way home? Yes No

If not, it is your responsibility to arrange transport to and from the club.

Declaration of Fitness to take part in sailing activities

Details of any disabilities, medication or medical treatment being received (if none, write NONE)

I declare that, to the best of my knowledge this child is not suffering from epilepsy, giddy spells, diabetes, brittle bones, angina, or any other heart condition and is fit to participate in sailing activities and is confident in water.

Please note that suffers of any of the above conditions will not necessarily be excluded from participating, but the organisers need to know, to ensure their safety.

I also confirm that the above named child has read and agrees to follow the Horizons (Plymouth) Code of Conduct.

Parent/Guardian Signature (Or Applicant if over 16) Date

If you wish Horizons to claim Gift Aid on your donations please tick this box

You need to have paid income or capital gains tax equal to the tax that Horizons (Plymouth) is reclaiming.



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Use of Images Consent Form 2017

All of Horizons activities may be photographed, filmed or otherwise recorded. This material is intended to be used for recording events and promoting or publicising our activities.

Children will often appear in these images, which may appear in local or national newspapers, or on televised news. Also still imagery may appear in our brochures, printed publications, on social media or on project display boards.

We will only use images of children who are suitably dressed, to reduce the risk of such images being used inappropriately.

If we use photographs of individual children, we will not use the full name of that child in the accompanying text or photo caption. If we name a child in the text, we will not use a photograph of that child to accompany the article. We will not use the personal details or full names (which means first name and surname) of any child in a photographic image or video, on social media, in our brochure or in any of our other printed publications without the consent of the parent/guardian and the child.

To comply with the Data Protection Act 1998, we need your permission before we can photograph or make any recordings of your child for these purposes. To indicate your preferences **please circle your answer**, then after reading the notes below, please sign and date the form where shown.

May we use your child's photograph in brochures and other printed publications for promotional purposes or on project display boards? Yes No

May we use your child's image (video & photograph) on our website/social media page? Yes No

May we record your child's image on video? Yes No

Are you happy for your child to appear in the media e.g. newspapers? Yes No

Please note:

If you have indicated NO to any of the boxes above, this does not affect your child's ability to sail with Horizons. Whenever photography is being taken you must ensure your child is clear of the shot (there will be ample warning).

If however, you believe your child has been captured by any of these mediums you must inform the photographer or course instructor.

Please be aware that websites can be viewed throughout the world and not just in the United Kingdom where UK law applies.

I have read and understood the conditions of this form and indicated my preferences above.

Parent/Guardian Signature
(Or Applicant if over 16)

Date

Name in BLOCK CAPITALS

Second Emergency Contact Details

Full name

Relationship to child

Home number

Mobile number

Home Address (if different from child)

Email address

Postcode