



HORIZONS Children's Sailing Charity

Membership Joining Form 2021

This information will be stored on our Database and handled in line with our Privacy Policy.

Participants Details

Full name:		Gender:	
Date of birth:		Age:	
Which School do you go to?		How did you hear about Horizons?	
Home address:		Postcode:	
Mobile:		Landline:	
Would participant like to receive Horizons text messages (e.g. session cancelations)		Yes	No
Sailing experience:			

Fitness to take part and health declaration

Please Circle Below

Are there any medical or other reasons why the participant believes they may require some special consideration? If you circled yes, please provide details in the Further Information Section.	Yes	No
I give permission to Horizons to administer any relevant treatment or medication to the above-named participant when or if necessary	Yes	No
In an emergency situation I authorise Horizons to take my child to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital	Yes	No
Participant has read and agrees to follow the Horizons (Plymouth) Code of Conduct	Yes	No

Parent/Guardian Consent and Preferences

Please Circle Below

I declare to the best of my knowledge that this person is confident in water and fit to participate in sailing activities	Yes	No
Is your child allowed to make their own way home? If not, it is your responsibility to arrange transport to and from the club	Yes	No
For grant application purposes, do you or any of your immediate family have any current or recent connections with the armed forces, including Merchant Navy and fishing fleet? If you answered yes to the above question, which service are they connected to?	Yes	No
Would you like Horizons to claim Gift Aid on your donations? I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.	Yes	No
Primary Emergency Contact to receive Horizons text messages (e.g. session cancelations)	Yes	No
Parent/Guardian Signature: (Or Applicant if over 16)	Date:	

Primary Emergency Contact Details (If there is an alternative emergency contact, please fill in the box overleaf)

Full name:		Relationship:	
Mobile:		Landline:	
Home Address: Same <input type="checkbox"/>			
		Postcode:	



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Use of Images

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 Imagery may also appear in our brochures, printed publications, on social media or on project display boards.

If we use images 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.

We need your permission before we can photograph or make any recordings of your child for these purposes. After reading the notes below **please circle your answer** to indicate your preferences.

Preferences

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 will we do our best to 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, please inform the photographer or a course instructor.

If you later wish to withdraw your agreement, please contact us and we will do our best to remove any images as soon as is practical. Please be aware that if the image is any printed material we may not be able to remove it until we use existing stock and produce an updated version.

Declaration

I have read and understood the conditions of this form and have indicated my preferences. By agreeing to images being used, you agree to assign any copyright or any other right of ownership of these images to Horizons.

Parent/Guardian Signature: (Or Applicant if over 16)	Date:
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Secondary Emergency Contact Details (Someone we can contact if Primary contact is unavailable)

Full name:	Relationship:
Mobile:	Landline:
Home Address: Same <input type="checkbox"/>	
	Postcode:



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Further Information

Name:

If you circled "Yes" in the Fitness to take part section, please provide additional details here.

E.G. Do we need to know about any coping strategies, or medication that relate to the safety of participants while on or off the water.

Special Category Data

Please Circle Below

I confirm that I have given Horizons the medical information listed on this page (if any) for the purposes of my participation in Horizons activities. I understand that this information will only be used for that purpose and will be retained for as long as necessary to comply with Horizons legal obligations.

I agree

I do not agree