

Consent Form

Must be returned before participating in activities at WBB

Information provided on this application will be used solely for the purposes of Westminster Boating Base in compliance with NHS Track & Trace, GDPR May 2018 and the WBB Data Protection Policy.

Full name of participant:											
Date of Birth (of participant):									Age		
Medical conditions / Allergies / Disabilities / Medication taken											
Swimming ability:	Please circle: Non-swimmer / Weak / Good / Excellent										
Emergency Contacts (reachable during session times):	Names: Telephones:										
DECLARATION											
I give consent for myself / my child / m can <i>swim 25 metres in light clothing</i> . So about water.	•	-									-
I confirm that the information on this for complete and correct. I confirm that I a							_			te d	during registration is
I agree to the Westminster Boating Bas	e booking <i>tei</i>	rms & c	condit	itions	and μ	privac	y poli	icy.			
I agree to Westminster Boating Base ac are changes to my / my child's medical	_			-	cribe	ed med	dicati	on as	neces	sar	y. I will inform WBB if there
In case of emergency, I agree to myself treatment including anaesthetic or block	-	-			-			-			•
(tick) I consent to photographic	material tak	en by V	Westm	ninste	er Boa	ating	Base	to be	used f	or t	their reports and publicity.
Your signature:											
Date:											
Parent's name (if under 18):											
Parent's signature (if under 18):											

Important Information

Please read the Weils Disease advice here: https://www.westminsterboatingbase.co.uk/resources

It is likely you will get wet whilst participating, so everyone must bring:

- suitable clothing for the weather, inc. soft-soled shoes, to wear whilst on the water and dry clothes to go home in.
- towel and wash-kit.
- Applicants under 18 must have parental consent.

Nobody will be able to go on the water without the above