

Youth Summer Training 2019 Optimists and Toppers Fevas & Hartleys (later start date)

Youth summer training is aimed at sailors from total beginners (min 8 Yrs /turning 8 yrs in 2018) up to those interested in improving their sailing, including racing skills. It is hoped this will give them the opportunity and skills to equip them to participate on the open racing circuit and to attend national events.

Our aim is to develop skills and confidence in PSC Youth Sailors and help non zone squad sailors gain places at next year's zone squad selection by improving their sailing ability, confidence and ability to apply racing tactics.

Youth Summer Training will be run on Saturday mornings from 6th April (27th April for total beginners) and will run through to October. Briefings will be held at 9.30am, and sailors will need to be rigged and ready with the session debrief at 12.30pm. Parents need to be willing to help out either onshore or as Safety boat crew or helm.

There will be a charge of £80 to cover coaching expenses for all training days, cap and water bottle. You are not expected to turn up for all sessions. However, it is vital that you respond to communications if you are to attend as there are strict ratios for trainers to sailors.

To secure your registration, please fill in the attached application and a cheque for £80 to be sent to the address at bottom of form payable to **Papercourt Youth**. Please return completed forms by 29th March 2019.

You must hold full PSC membership for you and your child in order to participate.

If there are any questions, please contact Jeremy Riley regarding training and Jo Armstrong regarding administration.

Application Form - <u>YO</u>	UTH SAILORS	M	embe	ership No.
	Please co	mplete all	of th	ne following
PERSONAL DETAILS First Name	Surname			Date of Birth M/F
CONTACT DETAILS Home Telephone	Parent (1) Mobil	e	(min Pare	8yrs/turning 8 in 2019) rent (2) Mobile
Home email				
SAILING EXPERIENCE / B Sailing Level IOCA/RYA Qu				m Insurance in Place
			YES	(must be ves)
Optimist	Торре	<u>*</u>		Feva/Hartley
	need to do our sh	are of duties	s. I wo	YES/NO puld be happy to help with the following
	and understand the			
		ent 1 (name)		Parent 2 (name)
Admin (Sat/Events Registr	,			
Safety Boat (must have PE	,			
Safety Boat Crew (no quali				
Sailing Instruction (show qualificative Supering (no supplified	· ·			
Jetty Sweeping (no qualific	cation rqu!!)			
Barbeque cooking				
Catering support for events				
ensure that a parent or appounder 16 years of age. W	acting in Loco Parer pinted guardian is p e consider this to k whole, as during th gets the most out of	resent at the e very impore e day many the training h	club at rtant k volunt ere at	
property.	be taken, the club car	not accept res	sponsib least £	to the above statement). bility for any loss, injury or damage to people or £2million is in place, for the duration of the course yancy device.
Signed applicant				Send completed application form with medical & disclaimer forms AND payment to:
I enclose a cheque payable to 'Papercourt Youth' for £80				Papercourt Youth Mrs Jo Armstrong
Signature of Parent or Guardian				Satyrs, Garden Close,

Papercourt Sailing Club Youth Summer Training 2019

MEDICAL FORM (Please complete for each Sailor/Participant using BLOCK CAPITALS)
Name of Child/Participant
Disability: The Disability Discrimination Act 1995 defines a person as anyone with 'a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day to day activities.
Do you consider the Child/Participant to have a disability? YES / NO If so, please give details.
Visual Impairment
Hearing Impairment
Physical Disability
Learning Disability
Multiple Disability
Other (Please specify)
Does the Child/Participant have any specific medical conditions? YES / NO If so, please give details.
Does the Child/Participant take any medication? (including intermittently, e.g. inhaler) If so, please give details. & how/where will this be held available should it be required?
Does the Child/Participant have any allergies? YES /NO If so, please give details.
Is there anything else you feel the organisers should know about the participant?
Swimming Ability (can swim a minimum of 50 metres) YES/NO
In an emergency, I agree to the course organisers, or person nominated by them giving consent to a doctor for emergency medical treatment, if the doctor concerned reasonably believes it is essential for the well-being of the participant. I will notify the organisers of any changes to the above prior to/during the course.
Sailors participate in PSC Youth Training and Club Activities entirely at their own risk. PSC do not operate as a child minding service and are unable to provide child care facilities. A Parent, Guardian or other named adult must remain on club premises throughout each session and shall be at all times responsible for the conduct and participation of the sailor in his or her care. Papercourt Sailing Club will not accept any liability for material damage or personal injury sustained in conjunction with or prior to, or during, or after the sessions
Signature of Parent/Guardian
Name of Parent/Guardian

Some of the details on this form will be held on computer & used for administration purposes only.

PARENTAL DISCLAIMER 2019

Post Code: _____

(1	please com	plete for	each Sailor	participant	using	BLOCK	CAPITALS)

Sailor/Participant's Name:
Date of Birth:
Address:
Post Code:
agree that I will not for myself nor for the above named, hold the Club, it's Officers, Members or assistants, iable for any injury or damage or loss suffered by myself or the above named while engaging in Club activities, sailing programme, Youth Training and race training (collectively "Club Activities") Club either on Club premises or elsewhere, or activities for which the Club is or may be responsible and I will indemnify the Club and hold narmless the Club, It's Officers, Members and assistants against all actions, claims or demands which may arise.
accept responsibility for the above named conduct while participating in Club Activities, on Papercourt Lake and on or around the Club premises. I understand that the decision to allow the above named to participate in any Club Activities is solely my responsibility and I understand that the Racing Rules of Sailing will apply at all times.
declare that the above named can swim 50m unaided. I declare and understand and agree that the above named child may be photographed or filmed by the Club, its Officers, Members, agents or assistants and the mages used for training or promotional purposes and waive any copyright.
understand that sailing, in common with all water sports, has its attendant risks. I further understand that the Club, its Officers, Members and assistants are only able to provide rescue facilities during the hours of Club racing / training and that, outside of these hours the Club, it's Officers, Members and assistants cannot accept responsibility for children or any other person engaged in Club Activities.
The Club, its Officers, Members and assistants, RYA Instructors, Senior Instructors and RYA Coaches do not accept any responsibility for any loss damage or injury suffered by persons and or their property arising out of or during Club Activities while training, instructing or coaching, unless such injury, loss or damage was caused by, or resulted from gross negligence or a deliberate act.
undertake to ensure the above named will observe and abide by the Club's rules and bylaws and attend Club Activities suitable clothing with long hair tied back and wearing a suitable personal floatation device. I accept responsibility for the seaworthiness or his/her boat and for its adequate insurance against third party claims in the sum of not less than £2million.
declare that I have disclosed any medical problems that might possible affect the above named during Club Activities. As the parent/guardian of the above named I give permission to the organisers to administer any relevant treatment or medication to the above named participant when or if necessary. In an emergency situation I authorise the organisers to take the above named to hospital and give my permission for any treatment required to be administered in accordance with the hospital / emergency services diagnosis. I understand and that I shall be notified, as soon as possible, of the hospital visit and any such treatment.
Signature of Parent/Guardian
Date
Name of Parent/Guardian
If different from above: Tel No.: Mobile:
E-mail:
Address