



**ANTIGUA
SAILING
WEEK**

YOUTH TO KEEL (Y2K) PARTICIPANT CONSENT FORM

Participant Personal Details - must be 14 +

First name.....Surname.....
Address.....
.....Postcode.....
Email address
Telephone.....Mobile.....
Date of birth.....Age.....
Emergency contact name.....Telephone.....

Relevant experience.....(Please see separate form).....

Can the participant swim?.....Is the participant water confident?.....

Medical Details

Please give details of any medical issues
..... Vaccinated: YES NO
Please give details of any treatments or medicines you are receiving:
.....
Name of doctor.....Surgery.....Telephone.....

If you have any objections to being photographed/filmed for promotional use tick here.....

Consent (Under 18's must be signed by a parent / guardian)

I am / the named person, is in good health and I declare physically able to take part as a participating crew member.
I take full responsibility for adhering to any COVID protocols as required by the boat I am on, ASW organisers or the Government of Antigua and Barbuda.
I consent to any emergency treatment required while taking sailing as part of racing crew.
Signed..... Print..... (Relation if under 18).....Date.....



**CARIBBEAN
SAILING
ASSOCIATION**