Fairlop Sailing Centre

London Borough of Redbridge

**Watersports Instruction – Group Register**

# Group Register

No person from your group will be permitted to participate if his/her name, emergency contact telephone number and age is not on this form or has not been submitted in writing by yourself or one of your recognised adult leaders. This completed form can be brought on the day.

Name of Group ……Date ……

Leader Name…… Telephone ……..

Address……

……Postcode……

I confirm that the members of this group named below: -

a/ have their parents consent if under 18.
b/ may use the craft allocated for use by this Centre.

I understand that such use is subject to the regulations for The London Borough of Redbridge and to FSC Rules.

**Signed**……..

Ethnicity:-
**(1)** White U.K, **(2)** White Euro**., (3)** Irish, **(4)** White Other, **(5)** Black Caribbean, **(6)** Black African
**(7)** Black Other, **(8)** Indian, **(9)** Pakistani, **(10)** Bangladeshi, **(11)** Chinese/Vietnamese, **(12)** Asian Other

**Before your group attends, we would ask you to inform us if any of the people you are bringing have any special needs. It is important that any discussions and risk assessments are carried out before the commencement of your session.**

**Please tick relevant age/male/female column for all participants.**

| NAME | Emergency Contact Phone Number | YOUTH | | | | | | ADULT | | Medical Conditions | Ethnicity State Number |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Age 8-10 | | Age 11-12 | | Age 13-18 | | Age 19+ | | | |
| | | M | F | M | F | M | F | M | F | | |
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Continue ……..

## **Watersports Instruction - Youth Organisations/Groups**

| NAME | Emergency Contact Phone Number | YOUTH | | | | | | ADULT | | Medical Check | Ethnicity State Number |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Age 8-10 | | Age 11-12 | | Age 13-18 | | Age 19+ | | | |
| | | M | F | M | F | M | F | M | F | | |
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