

# ISA Youth Pathway Nationals Parental/Guardian Consent Form

## Sailor Details

## Tag Number

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Fleet:** 420:  Radial:  Oppie Trials:  4.7:  Topper:  Oppie champ:

## Emergency Contact Details

Emergency Contact (while at event) \_\_\_\_\_

Emergency Contact alternative (while at event) \_\_\_\_\_

Does your child have any medical conditions? If so please state  
\_\_\_\_\_

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Does your child have any allergies? If so please state  
\_\_\_\_\_

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Is your child currently on any medication? If so please state  
\_\_\_\_\_

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## Doctor Details

Childs' GP Name \_\_\_\_\_ GP Contact Number  
\_\_\_\_\_

GP Address  
\_\_\_\_\_

In the event of an emergency I do/do not give the organisers of the ISA Youth Pathway Nationals permission to seek medical attention for my child, in my absence.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian (Print Name) \_\_\_\_\_