



CCSC CADET REGISTRATION FORM 2008

Cadet Details

(please use separate form for each child)

First Name		Surname	
Address		Date of birth	
		Age	
		Boat Class	
		Boat Name	
Postcode		Sail Number	
Home Phone No		CCSC Membership No	
Mobile Phone No		CCSC Membership Type	(family / cadet) :
Email Address			
Swimming ability	(non-swimmer / weak / good) :		

Cadet Parent(s)/Guardian(s)/Carer(s) Details

First Name		Surname	
Home Phone No		Mobile No	
Email Address		Relationship	
First Name		Surname	
Home Phone No		Mobile No	
Email Address		Relationship	

In line with the CCSC ethos, the functioning of Cadets relies entirely on volunteers. Without a band of willing people, we cannot provide the infrastructure, safety and ultimately the fun on the water that we would wish. To that end, parents of Cadets are expected (over and above their commitment to CCSC itself) to volunteer to help at Cadets on a weekly basis, and during events that Cadets are sponsoring/supporting. A Duty Roster will be compiled from the information recorded here and published on the Cadets website.

Cadet and Cadet Parent/Guardian/Carer Qualifications

Course	Date Passed			Course	Date Passed		
	Cadet	Parent 1	Parent 2		Cadet	Parent 1	Parent 2
RYA Stage1				RYA Stage3			
RYA Stage2				RYA Stage4			
RYA Sailing with Spinnakers				RYA Seamanship Skills			
RYA Start Racing				RYA Day Sailing			
RYA Performance Sailing				RYA Power Boat 1			
RYA Marine Radio				RYA Power Boat 2			
RYA First Aid				RYA Powerboat Intermediate			
RYA Assistant Dinghy Instructor				RYA Powerboat Advanced			
RYA Dinghy Instructor				RYA Safety Boat			
RYA Advanced Instructor				RYA Powerboat Instructor			
RYA Senior Instructor				RYA Racing Instructor			
Other Qualifications (please specify)	<i>Cadet:</i> <i>Parent 1:</i> <i>Parent 2:</i>						

Duties

I wish to be considered for duties within the following teams – each parent to initial any applicable boxes
 Duties will be allocated by Simon Ruddick - CSC Cadets Committee Duties Co-ordinator.:

1 Cadet Training team - M. Kershaw (Cadet Officer)

Duty Instructor
 (RYA qualifications necc. or equiv. training/exp.)

Duty Assistant Instructor necc or equiv training/exp.)

2 Cadet Rescue Team - M. Wildman

Rescue Boat Driver
 (RYA qualifications required)

Rescue Boat Crew
 (no experience necessary – training provided)

3. Shore Based Team – J. Brock

Registration / Beachmaster
 (experience of CCSC cadets desirable)

4. Galley – S. Merewether

(no experience necessary)

DUTY ROTA - CCSC Cadets are run by the parents for their children and at least one parent is needed on site for children aged from 8-12 years. We run each Sat. between 19th April - 20th Sept. Please identify the Saturdays you are not available to help below. The duty rota will be published on the web-site by 7th April.

PARENT 1 - unavailable dates

PARENT 2 (IF APPLIC.) - unavailable dates

Some Necessary Bits!

Cadet Medical Information

It is your responsibility to make known any potential medical conditions that may affect the Cadet during the activities associated with the training programme or event they are taking part in. Please therefore provide as many details as possible. This information will be shared with the organisers and coaches at training and events. Has the Cadet ever suffered from any of the following conditions?

Condition	True/False		Condition	True/False	
Asthma or Bronchitis			Fainting, fits or blackouts		
Diabetes			Severe headaches		
Heart conditions			Allergies to medication		
Travel sickness			Is the Cadet a vegetarian		
Other illnesses or disabilities			Any other allergies (including food)		

If you have answered YES to any of the above, please provide details:

Is the Cadet currently taking any medication? If so please specify:

Cadet's Doctor:

Doctor's Tel:

Cadet's Next of kin:

Relationship:

Parent/Guardian/Carer emergency contact numbers

Home	Work	Mobile

Parent/Guardian/Carer Medical Consent/Agreement

I, the parent/guardian of _____ give permission to the organisers of CCSC Cadets activities 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 full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.

Parent/Guardian/Carer Declaration

By my signature below and as Parent/Guardian/Carer of _____, I give permission for him/her to take part in activities organised by the CCSC Cadets Committee. I also confirm and declare that:

- my dependent is competent to take part in these activities, can swim 25 metres with the aid of a buoyancy aid (Parents/Guardians/Carers should be sure that their children are confident in the water and can submerge their whole body underwater for at least 5 seconds), and that the boat to be used will have valid third party insurance of at least £2,000,000.
- I agree that I will not for myself or for the above named hold the Club, its officers, members or assistants liable for any injury or damage or loss suffered by the above named and/or their property while engaged in Club activities either on Club premises or elsewhere, or activities for which the Club is or may be responsible and I will indemnify the Club, its officers, members and assistants against all actions, claims or demands which might arise. I also accept the Disclaimer of Liability below, which excludes my dependent's right to claim compensation in certain circumstances.
- I accept responsibility for his/her conduct while participating in the sailing programme in Portland Harbour or adjacent waters and in and around the Club premises. I understand that the decision to allow the above named to participate in any race or training activity is my sole responsibility and undertake to ensure that he/she will attend the CCSC Cadet sailing activities suitably clothed. I also accept that the good behaviour of my dependant is a fundamental condition of participating and that the organisers have the right to exclude any sailor in violation of this requirement. I confirm that I or my nominated locum will be in attendance throughout the cadet activities.
- I understand that sailing, in common with all water sports, has its attendant risks and that the Club is only able to provide safety facilities during the hours of Club racing/training and that, outside these hours, the Club cannot be expected to exercise supervision or control. I understand that, even during Club activities, the Club cannot accept responsibility for children or any other persons not engaged in racing or training.
- I declare that I have disclosed any medical problems/allergies that might affect the above named during the course of CCSC Cadet sailing activities.

Disclaimer of Liability.

The safety and wellbeing of children participating in CCSC cadet activities when on land and water is the shared responsibility of the parents/guardians, cadet organisers and the cadets themselves as set out in the Cadet Risk Assessments. By launching, the parents/guardians/carers confirm the boat is fit for those conditions and their charges are competent to sail in them. Nothing done by the organisers within the bounds of reasonable practice, (the organisers encompass everyone helping to run the activities) can reduce the responsibility of the parents/guardians/carers and/or participants, nor will it make the organisers responsible for any loss, damage, death or personal injury, however it may have occurred, as a result of the boat taking part in the activities. The provision of patrol boats does not relieve owners and cadets of their responsibilities.

Parent/Guardian/Carer Consents

- I **[give]** / **[do not give]** permission for this and other data to be held on computer. I understand that my child may be photographed/videoed by the Club or its agents. I **[give]** / **[do not give]** permission for such photographs/video including my child to be used for promotional purposes and waive any copyright.

Signature		Signature	
	Parent/Guardian/Carer		CCSC Cadet Officer
Name (please print)		Name (please print)	MAIRI KERSHAW
Date		Date	

Please return the completed form to The Cadet Officer, Castle Cove Sailing Club, PO Box 5252, Old Castle Road, Weymouth, Dorset DT4 8WJ or by email to: membership@cadets.csc.org.uk