

Ocean Youth Trust North – Nominee Registration Form



Return to: Ocean Youth Trust North, Royal Quays Community Centre, 9 Prince Consort Way, North Shields, NE29 6XB

Please ensure that this form is completed, signed and returned at least 4 weeks before the start of the voyage

Voyage No	Start Date	End Date	Group Name

PERSONAL DETAILS (Please use block capitals)

First Names Surname

Date of birth Age..... Male/Female.....Nationality

Address.....

..... Post Code

Tel No (include STD code) Day Evening

Email:

DETAILS OF RESPONSIBLE PERSON ASHORE (Please provide ALL information)

*This **must** be someone we can reach day or night in emergency situations. Please include email address.*

NameRelationship

Address (if different from above).....

..... Post Code

Tel No (include STD code) Day Evening

Email address:

Please ensure that the following sections are completed:

1. Special Dietary requirements
2. Medical Condition & Treatment
3. Photo Consent
4. Declaration

1. Special Dietary Requirements/Food Allergies

It is important to tell us if you have any Food Allergies or Dietary requirements BEFORE the start of the voyage so that menus can be planned. Please tick the appropriate box

If you answer YES to any of the questions below you MUST provide details in the space provided.

	YES	NO
Vegetarian		
Vegan		
Other If YES please state clearly in the box below		
Any Food Allergies If YES please state clearly in the box below		

Details of Special Dietary Requirements /Food Allergies



Name _____ Voyage No _____

2. MEDICAL CONDITION AND TREATMENT

Please tell us if you have been diagnosed with, or suffered from any of the following in the past 12 months?

It is important that you provide OYT North with any information that enables us to ensure that everyone on board is safe and so that we can help manage any condition or treatment during the voyage. In the event of an emergency situation we may be required to pass some or all of this information on to the emergency services. You MUST advise us should any medical condition or treatment change before the voyage.

If you answer YES to any of the below questions you MUST provide details in the space provided.
(Continue on separate sheet if required)

		YES	NO
1	Asthma attack or episode of bronchitis		
2	Heart condition		
3	Epilepsy (including fits & convulsions)		
4	Diabetes		
5	Fainting or Blackouts		
6	Do you Sleepwalk?		
7	Attention Deficit Hyperactivity Disorder (ADHD)		
8	Emotional & Behavioural Difficulties (EBD)		
9	Tourette's Syndrome		
10	Asperger's Syndrome		
11	Mental Health		
12	Are you taking any regular medication?		
13	Do you have any allergies to any drugs or medication including Penicillin?		
14	Any other allergies e.g. food, insect bites etc.?		
15	Are you receiving medical treatment from your family doctor or hospital?		
16	Have you been given specific medical advice to follow in medical emergencies?		
17	If female, is it likely that you might be pregnant during the voyage?		
18	Would you consider yourself as being disabled?(Inc. visual/hearing impairments/physical mobility)		
19	Other conditions If Yes please state clearly in the box below		

Details of Medial Conditions/Treatment /Medication (including dosage of any medicines/tablets)

(use additional sheet if necessary)

Your Doctor's Name _____ Doctor's Tel No _____

3. OCEAN YOUTH TRUST NORTH PHOTOGRAPHY CONSENT



Ocean Youth Trust North recognises the need to ensure the safety and welfare of children and young people taking part in sail training.

In accordance with our Child Protection Policy we will never knowingly use photographs or video images taken during OYT North voyages inappropriately and will follow the OYT North/RYA guidance for the use of all images (a copy of which is available from our Child Protection Coordinator).

OYT North request your consent to store and use photographs of..... (enter name) and to make these photographs available to selected third parties for the promotion of OYT North only.

OYT North will take all reasonable steps to ensure that images are used solely for the purposes for which they are intended. If you become aware that images are being used inappropriately you should inform our Child Protection Coordinator immediately.

The OYT North Child Protection Coordinator is Rob Browell. His contact details are telephone: 0191 2571212 or email office@oytnorth.org.uk

Photo Consent

I..... (parent/carer) consent to OYT N photographing or videoing my child

Signed: Date:

My name is I am over 16 years of age
I consent to OYT North photographing or videoing my involvement in sail training activities

Signed: Date:

4. DECLARATION

This declaration must be signed by applicant if aged 18 or over, or by the parent/guardian if the applicant is under the age of 18.

1. I consent to the applicant taking part in a voyage with Ocean Youth Trust North Ltd
2. I have provided details of any medical or other condition that might affect the performance or safety of the applicant or others.
3. I consent to the applicant being given emergency medical treatment, including the administration of anaesthetic, should it be necessary and authorise OYT North staff to give permissions, as may be necessary, for such treatment to proceed.

Signature

Name in block capital

Date

Relationship to applicant