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| --- | --- | --- | --- |
| Beach Awareness | **Date/Time:** | 17/07/22 at 14:00-ish! | |
| **Location:** | Sheerness Lifeguard Station, Sea Front, Beach St, Sheerness ME12 1RE | |
| **Meeting place and time:** | Sheerness Lifeguard Station 14:00 - a contactable adult should remain in the vicinity of the lifeguard station if participant is under 18yrs of age. It is hoped that participants gain experience of Lifesaving at the beach and enjoy themselves. Swimming is at the discretion of the Organiser, Participant and parent/guardian on the day at Sheerness. | |
| **Collection place and time:** | Sheerness Lifeguard Station 16:10 – though may be earlier if adverse weather, or incident dictate otherwise. We will try to contact you in this circumstance. | |
| **Cost:** | Suggested donation of £2 to Sheerness Lifeguarding Club / lifeguard station is always appreciated. Depending on where you park car – free to £5 currently via Ringo App. | |
| **Transport details:** | Own transport – Car sharing upon discretion of parent and young person | |
| **Wear / Bring:** | Hat, Sunscreen, Towel, Swimming Costume (one piece), Drink, Packed lunch, | |
| **Further details:** | Sheerness is a pebbly beach; deck shoes or old plimsolls and wetsuits are advised. Weather can be changeable – from blistering heat to cold wind. Changing facilities are at the Lifeguard station. Multiple steps in and around Lifeguard station. | |
| **Organiser and contact details:** | **Andrew Griggs Home 01474 561254 / Mobile 07799958832** | |
| **Contact details during the event:** | **Organiser / IN-WATER EMERGENCIES ONLY** **01795664840 Lifeguard on call / 999 Coastguard** | |

*Please keep this section for your own information, and detach and return the section below.*

**Note:** All activities will be run in accordance with GLSC and RLSS Rules. No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and neither RLSS or GLSC does not provide automatic insurance cover in respect to such items. Membership of GLSC does not provide medical insurance – attendees are reminded that membership with RLSS does provide insurance when undertaking RLSS activities.

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Please complete and return this section to Andrew Griggs before or on the day if participant is under 18 yrs old – any questions please contact me.

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| **Name of person:** | |  | **D.O.B:** |  |
| **Event:** | Beach Awareness | | | |

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| *I have noted the arrangements above and agree to the named person taking part.* I understand that various lifesaving equipment and paddle craft may be used and give permission for the young person named to use these under supervision.Are able to swim 50 metres and stay afloat for five minutes in light clothing? Yes / No | | | | |  |
| **Emergency contact:** |  | | **Phone:** |  | |
| **Doctor’s name and contact details:** | | **Details of any medications currently being taken:** | | | |
|  | |  | | | |
| **Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this activity:** | | **Details of any infectious diseases he/she has been in contact with in the last three weeks:** | | | |

*If it becomes necessary for the above-named participant to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.*

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| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |
| **Relationship to young person:** |  | | |

*Please use the back of this form if more space is required*

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Please complete and return this section to Andrew Griggs before or on the day – any questions please contact me.

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| --- | --- | --- | --- | --- |
| **Name of young person:** | |  | **D.o.B:** |  |
| **Event:** | Rookie Beach Awareness | | | |

*I have noted the arrangements above and agree to the named young person taking part.*

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| --- | --- | --- | --- | --- |
| I understand that various lifesaving equipment and paddle craft may be used and give permission for the young person named to use these under supervision.Is he/she able to swim 50 metres and stay afloat for five minutes in light clothing? | | |  | |
| **Emergency contact:** |  | | **Phone:** |  |
| **Doctor’s name and contact details:** | | **Details of any medications currently being taken:** | | |
|  | |  | | |
| **Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this activity:** | | **Details of any infectious diseases he/she has been in contact with in the last three weeks:** | | |

*If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.*

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| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |
| **Relationship to young person:** |  | | |

*Please use the back of this form if more space is required*

**Note:** All activities will be run in accordance with GLSC and RLSS Rules. No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and RLSS or GLSC does not provide automatic insurance cover in respect to such items.

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Please complete and return this section to Andrew Griggs before or on the day – any questions please contact me.

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| --- | --- | --- | --- | --- |
| **Name of young person:** | |  | **D.o.B:** |  |
| **Event:** | Rookie Beach Awareness | | | |

*I have noted the arrangements above and agree to the named young person taking part.*

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| --- | --- | --- | --- | --- |
| I understand that various lifesaving equipment and paddle craft may be used and give permission for the young person named to use these under supervision.Is he/she able to swim 50 metres and stay afloat for five minutes in light clothing? | | |  | |
| **Emergency contact:** |  | | **Phone:** |  |
| **Doctor’s name and contact details:** | | **Details of any medications currently being taken:** | | |
|  | |  | | |
| **Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this activity:** | | **Details of any infectious diseases he/she has been in contact with in the last three weeks:** | | |

*If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |
| **Relationship to young person:** |  | | |

*Please use the back of this form if more space is required*