



CRAWLEY MARINERS YACHT CLUB Ltd.

Medical Condition Advice Form



This form may be used to convey details of any Medical Conditions, Mental or Physical Impairments, Advice on treatment or any other information to anyone administering medical treatment to the person named below.

Name:

Address:

Date of birth (if under 18):

Please provide details of Medical Conditions and Advice to be passed on:

Signature of the named person or if under 18, signature of a parent or guardian:

Print Name:

Date:

Emergency Contact Details

Relationship to participant:

Forename & Surname:

Mobile Number:

Address:

Please hand the completed and signed form to the Senior Instructor or Organiser at the start of the event

CMYC's Data Protection Policy can be viewed in the Policies and Documents section on the CMYC website, [here](#).