





**Keppel Bay Sailing Club, Training Centre**  
**Health Information Form**



**This health information sheet is held confidentially**

**DOES THE STUDENT SUFFER FROM ANY OF THE FOLLOWING CONDITIONS OR DISORDERS:**

If the response to any of the following is 'yes' please attach detailed information including:

*The nature and severity of the condition, possible triggers, ability of the student to recognise and manage their own condition and any emergency action plans or protocols that have been developed for the student or their condition.*

Allergies	Yes	/	No
Anaphylactic Reactions	Yes	/	No
Asthma	Yes	/	No
Attention Deficit Disorder	Yes	/	No
Back, bone, or joint problems	Yes	/	No
Blood Disorders	Yes	/	No
Diabetes	Yes	/	No
Drug Reaction	Yes	/	No
Epilepsy	Yes	/	No
Heart Disorder	Yes	/	No
Kidney / Bowel Problems	Yes	/	No
Migraine	Yes	/	No
Phobias	Yes	/	No
Pregnant	Yes	/	No
Respiratory Problems	Yes	/	No
Other Condition that we need to be aware of	Yes	/	No

**INDEMNITY FORM**

*(Please note that if student is under the age of 18, a parent or guardian must fill out and sign for the student)*

I, \_\_\_\_\_ understand that either I or my spouse in our own right have any recourse against the Keppel Bay Sailing Club or the conducting club or any losses, damages or injury suffered by him/her/ myself while participating in the sport of sailing.

I agree that in consideration of the Keppel Bay Sailing Club I, together with my spouse, indemnify the Keppel Bay Sailing Club in respect of any loss or claim however arising.

I and my spouse understand that sailing is a sport that is potentially hazardous to the participants.

Signature: \_\_\_\_\_

Date:        /        /