**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as PARENT / GUARDIAN of:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ aged\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ aged\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ aged\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ aged\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_**

**GIVE my consent for him/her/them to take part in the following:**

|  |  |  |  |
| --- | --- | --- | --- |
| **DAY ONE** | **Sandbuilding √ / x**  | **Barrel Filling √ / x**  | **Treasure Quiz √ / x** |
| **DAY TWO** | **Swimming √ / x**  | **SUBody Board √ / x**  | **Kayak √ / x** **Rowing √ / x**  |
| **DAY THREE** | **Crabbing competition √/x**  | **Model Boat (raft) Building √ / x**  |

DO any of your children have any medical condition or allergy that the Cardigan Bay

Regatta (CBR) should be aware of? **Yes / No** Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should your child/children be amongst the winners, do you give your permission for their

names and photographs to be published online and in regional newspapers? **Yes / No**

I confirm that I will attend as the responsible adult of the above named child / children when they take place in one or more or the events in accordance with the terms and conditions set out in the CBR Programme which I have read and understood.

|  |  |
| --- | --- |
| **Parent / Guardian : Signature**  | **Home Address:** |
|  |  |
| **Name in Print**  |  |
|  |  |
| **Contact No.**  |  |