



**Huntington's  
Disease  
Association**



## **Watersports event for young people**

The Hampshire branch are kindly funding another watersports day for young people who are affected by Huntington's disease. This event will be run by the Huntington's Disease Youth Engagement Service and is open to anyone aged 8-25.

**The event is on Saturday 13 July 9.30-15.30 at the Andrew Simpson Centre in Portsmouth.**

This is a great opportunity to relax, have some fun and meet other people who have Huntington's in their family. There is no charge for the event, food will be provided and travel costs can be reimbursed.

**Venue address:  
Andrew Simpson  
Centre,  
Eastern Road,  
Portsmouth,  
PO3 5LY**

We would like to take some photographs on the day. If you consent to us doing this, **please fill in the attached publicity consent form.**

Please complete and return the consent form included to reserve your place. Once your place is confirmed the following indemnity form needs to be completed on behalf of each participant before they go on the water.

**Please see your unique link here:**

[https://andrewsimpsoncentres.tfaforms.net/13?  
ASF=a0jTu000000EfRV](https://andrewsimpsoncentres.tfaforms.net/13?ASF=a0jTu000000EfRV)

## What to bring?

- Swimwear
- Towel
- Drinks
- Suncream
- Weather appropriate clothing
- Spare pair of shoes to wear in the water (closed-toe)
- Water bottle

## What's included?

- Wetsuit
- Bouyancy aid
- Spray top and trousers
- Helmet

## Emergency contacts for the day

*Jack Crockford*

**Youth Worker**

07749493663

[jack.crockford@hda.org.uk](mailto:jack.crockford@hda.org.uk)

*Eve Payler*

Specialist Huntington's Adviser

07912 267874

[eve.payler@hda.org.uk](mailto:eve.payler@hda.org.uk)



## Booking and consent form

Please reserve \_\_\_\_\_ place/s for this event

Please list names and ages of those attending

Attendee \_\_\_\_\_

Age \_\_\_\_\_

Attendee \_\_\_\_\_

Age \_\_\_\_\_

Attendee \_\_\_\_\_

Age \_\_\_\_\_

Please list below any special dietary requirements or allergies

**Name:**

Special dietary requirement or allergy \_\_\_\_\_

**Name:**

Special dietary requirement or allergy \_\_\_\_\_

Please list below any additional / medical needs we should be aware of:

**Name:**

Additional / medical needs \_\_\_\_\_

**Name:**

Additional / medical needs \_\_\_\_\_

**By signing this form, you are consenting to taking part in the activities listed above:**

Your signature (for 18+) or  
parents signature (for U18s): \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

### Keep in touch to hear about our work

We would like to keep you informed about the Huntington's Disease Association, our projects, events and fundraising activities. If you consent to us contacting you for these purposes, please tick to opt in below to state how you would be happy for us to contact you.

Email  Phone  Post  SMS

We will store your contact details safely and securely, won't share with any third parties without your consent and will only contact you in accordance with the preferences given. Please read our privacy policy on our website ([www.hda.org.uk/privacy-policy](http://www.hda.org.uk/privacy-policy)) for further details. You can unsubscribe at any time by contacting us on [info@hda.org.uk](mailto:info@hda.org.uk) or 0151 331 5444.



## Emergency contacts

### Emergency contact 1:

Name of emergency contact: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

### Emergency contact 2:

Name of emergency contact: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

## HDYES t-shirt size

HDYES are giving out free HDYES t-shirts to event attendees. Please tick the box below to let us know which size t-shirt you would like:

7-8yrs  9-11yrs  12-13yrs  14-15yrs

S  M  L  XL  2XL

## Privacy policy

We take your privacy seriously and promise to never sell your data. You can find out more about your rights, how we use your personal information and how we keep your details safe and secure by reading our privacy policy at <https://www.hda.org.uk/privacy-policy>. For more information or to change your preferences please contact [info@hda.org.uk](mailto:info@hda.org.uk).



## Publicity consent form

The Huntington's Disease Association often takes photographs, videos, audio recordings and asks people to share their story for publicity purposes. These images, recordings and stories may appear in our printed publications, or online, or both. We may also send them to the news media. We require your permission to do this.

<b>Full name</b>			
<b>Address</b>			
		<b>Postcode</b>	
<b>Telephone</b>			
<b>Email</b>			

### How will your photo, video, audio recording or story be used?

Publications:	Huntington's Disease Association's leaflets, posters, newsletters, magazine and other marketing materials
Websites:	Huntington's Disease Association's website
Social media:	Huntington's Disease Association's social media channels (i.e. Facebook, Twitter, Linked in)
Presentations:	Huntington's Disease Association's internal and external presentations
Print and online media:	National, regional and local papers; magazines and news sites
Television and radio:	National and regional television; national and local radio

We would like to be able to use and share your story in all of the ways listed above but do understand if you would prefer not to appear on particular platforms. If there is any way you would not like your information used or shared listed above, please indicate below:

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Please tick the box below and sign this form if you are happy to give permission for your image and / or story to be used by the Huntington's Disease Association for the purposes outlined above and if you understand that websites and other online media can be seen throughout the world and not just in the United Kingdom, where UK laws apply. It is important to note that images and stories already published cannot be withdrawn. All photographs and video material is copyright to the HDA.

**I am happy to give my consent and have read and understand the above:**

**Signature:**  **Date:**

If you are under 18, we also need written permission from a parent / guardian:

**Signature\***  **Date:**

*\* If a child is under eight years, the sole consent of their parent / guardian is sufficient.*

*Office use: If consent has been received by email a copy must be attached to this form and the form completed on behalf of the individual in accordance with their specified consent.*