**Regatta Weekend 20th Aug to 21st Aug.**

**ENTRY FORM**

|  |  |  |
| --- | --- | --- |
| **Event Details** |  |  |
| CLASS |  |  |
|  |  |  |
| SAIL NO |  |  |
|  |  |  |
|  |  |  |
| **Sailor Details** |  |  |
| Fleet |  |  |
|  |  |  |
| Forename |  |  |
|  |  |  |
| Surname |  |  |
|  |  |  |
| Gender |  |  |
|  |  |  |
| Date of Birth |  |  |
|  |  |  |
| Crews Name |  |  |
|  |  |  |
| Single Handed £15 |  |  |
|  |  |  |
| Double Handed £20 |  |  |
| Payment to be made in cash on the day of the event |  |  |
| DO YOU REQUIRE ASSISTED LAUNCH | YES/NO |  |
|  |  |  |
| DO YOU REQUIRE MOORING | YES/NO |  |
|  |  |  |
| RYA Membership Number |  |  |
| **Contact Details** |  |  |
| Address |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Town |  |  |
|  |  |  |
| County |  |  |
|  |  |  |
| Post code |  |  |
|  |  |  |
| Family email |  |  |
|  |  |  |
| Telephone |  |  |

|  |
| --- |
| **Sailor Declaration** |
| We agree to be bound by the *rules* as defined in the Racing Rules of Sailing, and all other rules that govern this event. We accept the Statement of Liability in the Notice of Race which excludes the right to claim compensation in certain circumstances.  During the event we will hold a valid and current third-party insurance if at least the value in the Notice of Race (NOR). |
| Signed |
| **Parent/Guardian Declaration** |
| Required for all sailors who are under 18 years of age |
| Name of parent or person acting in loco parentis: |
|  |
|  |
| Mobile |
| Under law, this competitor is my dependent. I accept the Statement of Liability in the Notice of Race, which excludes the right to claim compensation in certain circumstances. During the event the boat sailed by my dependent will have a valid and current third-party insurance of at least £3 million. I confirm that my dependent is competent to take part. I will be responsible for my dependent throughout the event, and during the time he/she is afloat I will be available at the event venue, or I will inform the Race Office in writing who is acting in loco parentis.  **Rights to use Names and Likenesses** Competitors automatically grant to the organizing authority without payment the right in perpetuity to  make, use and show any motion pictures, still pictures and live, taped or filmed television of or relating to the event. |
| Signed |

**IMPORTANT: You must also complete part two of this form ‘Medical Details’**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Emergency Contacts** |  |  |  |  |
| Name |  |  |  |  |
|  |  |  |  |  |
| Relationship to Sailor |  |  |  |  |
|  |  |  |  |  |
| Mobile No. |  |  |  |  |
|  |  |  |  |  |
| Home No. |  |  |  |  |
| **Alternative Emergency Contacts** | | | |  |
| Name |  |  |  |  |
|  |  |  |  |  |
| Relationship to Sailor |  |  |  |  |
|  |  |  |  |  |
| Mobile No. |  |  |  |  |
|  |  |  |  |  |
| Home No. |  |  |  |  |
| **If different from above** |  |  |  |  |
| Mother's name |  |  |  |  |
|  |  |  |  |  |
| Mother's mobile number |  |  |  |  |
|  |  |  |  |  |
| Mother's home number |  |  |  |  |
|  |  |  |  |  |
| Father's name |  |  |  |  |
|  |  |  |  |  |
| Father's mobile number |  |  |  |  |
|  |  |  |  |  |
| Father's home number |  |  |  |  |

***Thank you for registering and participating in the***

***event.***