

Helm/Crew: **Double-handers please complete 2 forms**

Fleet- Class <small>Please see Notice of Race for guidance</small>	Optimist <input type="checkbox"/>	Topper <input type="checkbox"/>	General Handicap (inc. Windsurfing) <input type="checkbox"/>	Class- state class
	Gold <input type="checkbox"/>	Gold <input type="checkbox"/>	Main <input type="checkbox"/>	Sail No.
	Silver <input type="checkbox"/>	Silver <input type="checkbox"/>		
	Training <input type="checkbox"/>	Training <input type="checkbox"/>	Training <input type="checkbox"/>	

Sailing Club: DOB:

Home Address:

Phone Number: Email:

Emergency Contact: Relationship to Sailor:

Mobile or phone number: On site during the event? YES / NO

Alternative Emergency Contact (if needed):

Dr's Name: Dr's Contact Info:

Date of last tetanus vaccination (year):

Have you ever suffered from any of the following conditions?

Asthma or Bronchitis	Y N	Severe headaches	Y N	Allergies to medication	Y N
Heart condition	Y N	Diabetes	Y N	Any other allergies	Y N
Fits, fainting or blackouts	Y N	Travel Sickness	Y N	Other illness or disability	Y N

If 'yes' to any of the above, please give details:.....

Are you currently taking any medication? If so please specify:.....

Are you suffering/recovering from any injuries which may affect your involvement?:.....

COMPETITOR DECLARATION

I/We agree to be bound by the rules as defined in the Racing Rules of Sailing, and all other rules that govern this event. I/We accept the Statement of Risk in the Notice of Race which excludes the right to claim compensation in certain circumstances. During the event I/we will hold a valid and current third party insurance of at least the value in the Notice of Race (NOR).

Helm Signature:

PARENT OR PERSON ACTING IN LOCO PARENTIS AT THE EVENT

For the Helm/crew:

Mobile No:

PARENT / GUARDIAN DECLARATION

Under law, this competitor is my dependent. I accept the Statement of Risk 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 the value in the NOR. 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.
The information you have provided will be used by the Host Club to process your entry and to deal with you as a competitor. This information will also be used by the NW Regional Committee to process your series results and to deal with you as participant. Occasionally we take photos/video of competitors for publicity purposes, including for use on our own website. If you object please tick here _____. We shall also include your name and address on our mailing list. If you do not want to receive details of future similar events please tick here _____.

Parent / Guardian of Helm Signature: