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| Event: | **Date: 7 April 2019**  |
| **Sail Number :** |  | ***5.3 Sail or 4.2 sail*** | **Champ Number:** |
| **Name of Helm** Forename & Surname |  | **Date of Birth:** |
| **Postal Address:** |  | **Post Code:** |
| **Home Sailing Club:** |  | **Car registration number:** |
| **Parent / Guardian Name** |  | **Mobile number:** |
| **Has the helm ever been in any of the following squads? Please tick box** |
| **RYA Squad:** | **Junior** |  | **Intermediate** |  | **Zone** |  |
| **ITCA Squad:** | **4.2 Squad** |  | **Youth Squad** |  |  |
| **Declaration I agree to the following:*** Competitors are expected to be capable of self-rescue.
* Personal buoyancy aids must be worn at all times whilst on the jetty and during all racing.
* In the event of adverse conditions competitors and parents/guardians must decide whether the competitor is sufficiently competent to compete.
* It is the sole responsibility for each helm to decide whether or not to start or continue in any race.
* That I acknowledge the Risk Statement set out in the event Notice of Race.
* During racing the organisers are not able to provide supervision for children or other persons not engaged in racing and cannot accept responsibility for any damage suffered by such person, or loss or damage suffered by such persons.
* That insurance will remain in place to cover my craft for racing activities including 3rd party risks of at least £3m as per ITCA standard.
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| Signed by Competitor: |
| **Parental / Guardian consent for all competitors under 18** |  |
| **I consent to the use of images for publicity taken of competitors and/or supporters** | **Yes / No** |
| **I consent to the name of the sailor, sail number and sailing club listed above being included in the published race and Traveller series results** | **Yes / No** |
| **Any medical conditions which the race organisers should be made aware?****If Yes, please list on the reverse of this form.** |  **Yes / No** |
| **I confirm that I have read and understood, self-rescue and parental consent and confirm my child / ward is permitted to sail in the event to which this entry form relates.** |  |
| **Signature:** | **Date** |

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| --- | --- | --- | --- |
| Forename |  |  |  |
| Surname |

**Medical conditions:**

Please list out any medical conditions that might affect the sailor. An example would be asthma and would require the safety boat to carry a spare inhaler.