

Weir Wood Sailing Club

Laser 2000 Millennium Series Event 2010



3rd/4th July 2010

Sail No (exact please - eg GBR 030)			Boat Name			Hull Colour		
Helm (Firstname)				Helm (Lastname)				
Helms Address					Phone			
					Mobile			
Postcode					Emergency Contact Name			
					Phone			
Sailing Club (in full please)								
Helm/Crew e-mail address Optional								
Crew (Firstname)					Emergency Contact Name			
Crew (Lastname)					Phone			

Sailors to be bound by the ISAF Racing Rules of Sailing, RYA Prescriptions and Sailing Instructions.

I/we hold and agree to produce a valid measurement certificate in order to qualify as a competitor if required. I/we agree that the helm (and crew) will wear personal buoyancy at ALL TIMES WHEN AFLOAT and understand that failure to do so will lead to DISQUALIFICATION. I/we hold valid insurance cover for a MINIMUM of £2 million in any one incident

Liability

Neither the Club nor the Association, nor any servant, Officer or Council members of the Club or Association, shall be liable to any member in any category, or to any guest or other person entering the Club premises or using Club property or making use of the amenities of Weir Wood Sailing Club under the auspices of the Club, for any loss or damage whatsoever [other than loss or damage arising out of death or personal injury of any person], and howsoever caused unless such loss or damage is caused by the wilful act or default of a servant, Officer or Council member of the Club or the Association. All members of every category undertake not to sue the Club or the Association or any of the servants, Officers or Council members of the Club or the Association for any loss or damage whatsoever and howsoever caused. Neither the Club nor the Association nor any servant, Officer or Council member of the club or the Association shall be liable for any loss or damage to property on Club premises [whether such property be in the possession of the Club or the Association or not] and howsoever caused, unless such a loss or damage is caused by the wilful act or default of any Servant, Officer or Council member of the Club or the Association.

A photographer may be present at this event. If you do NOT wish the photographer to have access to your name and address, for sales purposes, please place a cross in this box

Signed by Helm	Date
If Helm or Crew(s) are under 18 then the additional Parent/Guardian declaration sheet must be completed and attached	

- Entry Fee £25**
- Youth Boat (Helm & Crew under 21 in full time education) £12.50**
- Youth Helm (under 21 in full time education) £18.75**
- Meals £12.50 – Barbeque and Dessert**

Send Completed Entry Form to:-
Mr Andrew Sloper
48 St Mary's Road, Long Ditton, Surrey KT6 5EY
After 25th June please take to the event

Fee Enclosed £

* Cheques made payable to: **Weir Wood Sailing Club**

<input type="checkbox"/> Class Association Member	<input type="checkbox"/> Cash	<input type="checkbox"/> Entered on PC
<input type="checkbox"/> Membership Paid at Event	<input type="checkbox"/> Cheque	<input type="checkbox"/> Email on list

Rev 03/10

PARENT/GUARDIAN CONSENT AND DECLARATION FORM

COMPETITOR NAME	HELM / CREW *
Boat Number	

*Delete as applicable

Parent/Guardian Declarations: (Required for all sailors who are under 18 years of age)
 Under law, the above competitor is my dependent. I confirm the accuracy of the information contained in the sailor's Entry Form. I accept the Disclaimer of Liability on the Entry Form and Sailing Instructions that 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 £2m or the equivalent in another currency.
 I confirm that my dependent is competent to take part.
 I note that photographs may be taken during the event, both on and off the water, and I consent to these being published in Class/Club publications and/or on the Class/Club website and those of any authorised photographers.
 During the event (tick one box):

I will be responsible for my dependent throughout the event, and during the time my dependent is afloat I will be available at the event venue.

I appoint the person named below, who has agreed to act in loco parentis.
 He/she will be responsible for my dependent throughout the event. During the time my dependent is afloat he/she will be available at the event venue.

Name of Parent/Guardian	
Home address	
Home Phone no.	
Mobile no.	
Name of person acting in loco parentis (if applicable)	
Mobile no(s) of person acting in loco parentis (if applicable)	
Signature of Parent/Guardian	Date

CONFIDENTIAL MEDICAL NOTIFICATION FORM

**ONLY REQUIRED IF YOU ANSWER "YES"
TO ONE OF THE QUESTIONS BELOW.....**

Any competitor, or their parent/guardian on their behalf, should notify the organisers of any medical condition and medication which may need attention whilst on the water.

The information given below will be treated as confidentially as possible by the Organisers, on a need-to-know basis, but will, in particular, be notified to the Race Officer and Safety Officer, so that relevant information shall be to hand in the event of need and may be passed to any attending paramedic or other medical personnel.

COMPETITOR NAME	HELM / CREW *
Boat Number	

1 (a) Does the competitor have any specific medical conditions? **Yes/No***

(b) If Yes, please give details:

2 (a) Does the competitor take any medication (including intermittently, e.g. inhaler)? **Yes/No***

(b) If Yes, please give details:

(c) How/where will this be held available should it be required?

3 (a) Does the competitor have any allergies? **Yes/No***

(b) If Yes, please give details:

4 Is there anything else you feel that the organisers and/or safety personnel should know about the competitor?

** Delete as appropriate*

Signed by competitor:
(if over 18)

Name of Parent/Guardian:
(when competitor is under 18)

Signature of Parent/Guardian: