

Class								
Sail Number								
Optimist <i>Tick to indicate class</i>				Topper <i>Tick to indicate class</i>				General Handicap <i>State Class</i>
Bat	Training	Silver	Gold	4.2	Training	Silver	Gold	

Contact Details		
	Helm	Crew
<b>Name</b>		
<b>Address</b>		
<b>Email</b>		
<b>DoB</b>		
<b>Sailing Club</b>		

**Competitor Declaration**

I/We agree to be bound by the *Racing Rules of Sailing*, the *Sailing Instructions*, all other rules that govern this event and to behave in accordance with the *RYA Racing Charter*. I accept the Disclaimer of Liability in the Notice of Race by signing and entering the event.

Signatures

*Helm*

*Crew*

**Parent / Guardian Declaration**

Under law, this competitor is my dependent. I accept the Disclaimer of liability in the Notice of Race which excludes my dependents right to claim compensation in certain circumstances. I declare that during the event the boat sailed by my dependent will have valid and current third party insurance of at least £2m. I note that photographs may be taken during the event, both on or off the water, and I consent to these being published in RYA/ WYA publications or articles / websites associated to the W.Y.A or host club website.

I confirm my dependent is competent to take part.

Signatures

*Parent Helm*

*Parent Crew*

Date Applicable

**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

Emergency Contact

*Tel Number*

*Tel Number*

- I appoint the person named below, who has agreed to act in loco parentis for \_\_\_\_\_ He / She will be responsible for my dependent throughout the event, and during the time my dependent is afloat they will be available at the event venue.

<b>Name</b> _____	<b>Contact Tel</b> _____
-------------------	--------------------------



# South Wales CYRC Entry Form

## Risk Awareness

It must be recognised that sailing is by its nature an unpredictable sport and therefore inherently involves an element of risk. By taking part in the event, you agree and acknowledge that:

1. You are aware of the inherent element of risk involved in the sport and you accept responsibility exposing yourself to such inherent risk whilst taking part in the event;
2. You will comply at all times with the instructions of the Race Officer/Beachmaster and other officials particularly with regard to handling of boats, wearing of buoyancy aids and the wearing of suitable clothing for the conditions;
3. You accept responsibility for any injury, damage or loss to the extent caused by your own negligence;
4. You will not participate in the event whilst your ability to skipper or crew a dinghy is impaired by alcohol, drugs or whilst otherwise unfit to participate ;
5. The provision of patrol boat cover is limited to such assistance, as can be practically provided in the circumstances.
6. RYA Instructors, RYA Senior Instructors or RYA Coaches do not accept responsibility for any loss, damage or injury suffered by persons and/or their property arising out of or during the course of their activities whilst training and/or coaching and/or instructing unless such injury/loss or damage was caused by, or resulted from negligence or deliberate act.

## MEDICAL DETAILS

Doctors Name:  Work Number:

It is your responsibility to make known any potential medical conditions that may affect you during the activities associated with the programme you will be taking part in. Please therefore provide as many details as possible. This information will be shared with the houseparent and coaches at events and training.

Have you ever suffered from any of the following conditions:

Asthma/bronchitis	Yes	No
Heart conditions	Yes	No
Fits, fainting or blackouts	Yes	No
Severe headaches	Yes	No
Diabetes	Yes	No
Travel sickness	Yes	No
Allergies to medication	Yes	No
Any other allergies	Yes	No
Other illnesses or disabilities	Yes	No

If you have answered yes to any of the above, please provide details in the box below.

When did you last have a tetanus vaccination? Year .....

Are you currently taking any medication at the moment? If so please specify.

Are you suffering/recovering from any injuries which may affect your involvement within the programme?