



## RUTLAND SAILING CLUB LTD.

### LASER 2000/4000/5000/VAGO/STRATOS END OF SEASON CHAMPIONSHIPS

**Saturday/Sunday 14/15 October 2006**

☐ 2000 ☐ 4000 ☐ 5000 ☐ VAGO ☐ STRATOS ☐

**ENTRY FEE: £29**

YOU ARE ADVISED THAT VISITORS TO RUTLAND SAILING CLUB BECOME TEMPORARY MEMBERS AND THAT ALL MEMBERS AND TEMPORARY MEMBERS OF RUTLAND SAILING CLUB SAIL AT THEIR OWN RISK

NAME OF HELM.....

NAME OF CREW.....

ADDRESS OF HELM.....

.....

.....

..... TELEPHONE NUMBER.....

SAIL NUMBER.....

CLUB.....

I AGREE TO BE BOUND BY THE RULES AND BYE LAWS OF RUTLAND SAILING CLUB LTD., THE RRS, THE RYA AND THE SAILING INSTRUCTIONS.

I HOLD A VALID CERTIFICATE OF INSURANCE WITH MINIMUM THIRD PARTY COVER OF £2,000,000 AND A VALID MEASUREMENT CERTIFICATE IF APPLICABLE.

SIGNED..... DATE.....

CHEQUES SHOULD BE MADE PAYABLE TO RUTLAND SAILING CLUB LTD AND BE ACCOMPANIED BY A BANKERS CARD.

**Please Note:**

If the helm or crew is under 18 years of age this entry form must be accompanied by a fully completed and signed Parent / Guardian Declaration Form, for each sailor under 18

# RUTLAND SAILING CLUB LTD.

## PARENT/GUARDIAN CONSENT AND DECLARATION FORM

<b>EVENT &amp; DATE</b>	
<b>COMPETITOR NAME</b>	HELM / CREW *
<b>Boat Number</b>	

\*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 consent to my dependent participating in drug testing procedures and, if asked, providing a urine sample under observation for analysis at an accredited laboratory.

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	

Attach to Entry Form if used