



# RUTLAND SAILING CLUB

Gibbet Lane Edith Weston  
Oakham RUTLAND LE15 8HJ  
Tel 01780 720292 Fax 01780 721739

## LASER 2000/4000/5000/VAGO/VORTEX ASYMMETRIC OPEN

**Saturday/Sunday 16/17 October 2010**

2000  4000  VAGO  5000  VORTEX

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..... BOAT NAME.....

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.....

**ENTRY FEE: £32** per boat for double-handers, **£24** for single-handers.

Cheques should be made payable to **RUTLAND SAILING CLUB LTD**

*Completed Entry Forms with a Cheque enclosed should be sent ASAP to the address above*

**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

# 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 *		
Class		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: