

## ENTRY FORM: AODR Sunday 9<sup>th</sup> Aug 2009

Entry Fee £20.00 before 4<sup>th</sup> August 2009

Cheques to **R.W.B.S.W.C.** Please send cheque and completed entry form to address below

Class of Dinghy \_\_\_\_\_

Registered Sail Number \_\_\_\_\_

Helmsman's Name \_\_\_\_\_

(d.o.b. if under 18)

(Block capitals please)

Crew's Name \_\_\_\_\_

(d.o.b. if under 18)

(Block capitals please)

Name of Boat \_\_\_\_\_

(Block capitals please)

PYR (as defined on RYA web site) or SCHRS \_\_\_\_\_

Yacht/Sailing Club \_\_\_\_\_

(Block capitals please)

Owners Address \_\_\_\_\_

(Block capitals please)

e.mail \_\_\_\_\_

I request a paper copy of the Sailing Instructions ... Y / N

*Please enter the boat for which I hold a Valid Certificate and insurance to cover Third Party risks to a minimum of £2,000,000. I agree to be bound by the Racing Rules of Sailing and by all other rules that govern this event. Class Certificates must be produced by prize winners before the prize giving.*

*The above information will be used by RWBSWC to process your race entry and to deal with you as a competitor. Occasionally we take photos of competitors for publicity purposes, including for use on our own website and/or the websites of the race sponsors. If you object please tick here \_\_\_\_ We shall also include your name and address on our mailing list. If you do not want to receive details of future similar events please tick here\_*

Signature \_\_\_\_\_

**We wish to take part in free to enter racing off Traeth Bychan**

**Sat 8<sup>th</sup> 13.05hrs... Y / N Monday 10<sup>th</sup> 14.05hrs....Y / N Boat storage reqd... Y / N**

**We will attend the Saturday evening social at RWBSWC.....Y/N (see Info leaflet)**

**Please complete if entrant is under 18 years of age**

**Emergency Contact:**

Contact Name:	
Relationship to competitor:	
Contact Home / Mobile Number:	

**If different from above:**

Mother's Name:	
Home / Mobile Number	
Father's Name:	
Home / Mobile Number	

It is your responsibility to make known any potential medical conditions that may affect you during the event.

Have you ever suffered from any of the following conditions:

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

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

**Do you have a current tetanus vaccination? Yes / No**

Are you currently taking any medication? If so please specify:

Are you suffering / recovering from any injuries which may affect your sailing? Yes / No

My child is confident in the water. I am aware of the risks of sailing and agree to my child taking part in the event. I am also aware that the information above needs to be accessible to the event organisers and cannot be kept confidential. I give permission to the organisers to administer any relevant treatment or medication to the above-named participant when or if necessary. In an emergency situation I authorise the organisers to take my son / daughter to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital. I consent to RWBSWC photographing or videoing my child for the purposes of club publicity.

Signed (Parent Guardian):- ..... Name (Please Print).....