



# Helford River Sailing Club

Dinghy Regatta & Laser Open Sunday 2<sup>nd</sup> July 12:00  
Briefing 11:00



## ENTRY FORM

### RS Feva Traveller Series 2017

### Laser 4.7

Class \_\_\_\_\_ Sail No: \_\_\_\_\_ Home Club: \_\_\_\_\_

HELM: Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Name and phone number & relationship of next of kin

\_\_\_\_\_

#### All applicants must complete the following medical declaration\*

Details of any medical treatment being received (if none, write none)

\_\_\_\_\_

\_\_\_\_\_

I suffer from the following allergies (eg penicillin, insect stings) \_\_\_\_\_

\_\_\_\_\_

To the best of my knowledge I am not suffering from epilepsy, giddy spells, asthma, diabetes, angina or other heart conditions and that I am fit to participate in the course.

I can swim/am water-confident.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Age at 31<sup>st</sup> Dec 2017 \_\_\_\_\_

(A parent or guardian must sign on behalf of a junior)

If the applicant is under 18 a parent or guardian must complete the following section:

I give my permission for \_\_\_\_\_ to take part in this event.

Relationship to applicant \_\_\_\_\_

In the event of an emergency his/her contact phone number is \_\_\_\_\_

I agree that he/she may be taken for medical treatment in my absence.

I understand that water-based sports carry risks.

I agree that he/she may be videoed during training for training purposes only.

I agree that he/she may be photographed during the event for training or publication in future newsletter or publicity material

Signed \_\_\_\_\_ Date \_\_\_\_\_

\*This will be kept confidential

**CREW:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Name and phone number & relationship of next of kin  
\_\_\_\_\_

**All applicants must complete the following medical declaration\***  
Details of any medical treatment being received (if none, write none)

\_\_\_\_\_  
\_\_\_\_\_

I suffer from the following allergies (eg penicillin, insect stings) \_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge I am not suffering from epilepsy, giddy spells, asthma, diabetes, angina or other heart conditions and that I am fit to participate in the course.

I can swim/am water-confident.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Age at 31st Dec 2017 \_\_\_\_\_  
(A parent or guardian must sign on behalf of a junior)

If the applicant is under 18 a parent or guardian must complete the following section:

I give my permission for \_\_\_\_\_ to take part in this event.

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I agree that he/she may be photographed during the event for training or publication in future newsletter or publicity material

Signed \_\_\_\_\_ Date \_\_\_\_\_

Entry is free. Food can be purchased from the clubhouse.

All signed forms to be handed in by Sunday 2nd July 11:00 latest & email names & addresses by Saturday 1<sup>st</sup> July to [helforddinghy@gmail.com](mailto:helforddinghy@gmail.com)

Post to  
Stephen Brooks  
RS Feva Traveller Series & Laser 4.7  
Helford River Sailing Club,  
Helford, Cornwall  
TR12 6LB