



Helford River Sailing Club

Dinghy Regatta Saturday 18th June 14:00

Briefing 12:30



UNDER 16 ENTRY FORM

Boat Name: _____ **Sail No:** _____

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 _____

(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 If applicable:

Name _____

Address _____

Home telephone _____ Mobile _____

Email _____

Name and phone number & relationship of next of kin

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