

HAYLING ISLAND SAILING CLUB

OPEN MEETING ENTRY FORM

Please enter (in capitals)

Entry Fee

Event

Date of Event.....

Class of Boat:.....

Sail No:.....

Helm: (full name).....

Date of Birth (if under 18)

Address: (if not HISC member).....

.....

Daytime Tel/Mobile:.....

Email.....

Club:.....

Crew: (full name).....

Date of Birth (if under 18)

Address: (if not HISC member)

Medical information: It is recommended that any competitor with a known medical condition and/or who is taking medication should record this information, together with their name, on a wrist band so that in the event of an emergency this information is quickly available to the emergency services.

Competitor Declaration: I agree to be bound by the Racing Rules of Sailing, and all other rules that govern this event. In particular, I confirm that I have read the Notice of Race for the event and accept its provisions and agree that my boat will conform to the requirements set out in the Notice of Race throughout the event.

Signed.....

Date.....

(For helm & crew)

Parent or Guardian Declaration (required if helm is under 18)

Under law, this helm is my dependent and I accept the statements above. I confirm that my dependent is competent to take part and I am responsible for my dependant throughout the event. During the time my dependent is afloat I will be around the venue that is hosting the event or I will inform the race officer in writing as to my whereabouts and who is acting in loco parentis during my absence.

Signed.....Name.....

Address.....

.....

Tel /Mobile.....

Parent or Guardian Declaration (required if crew is under 18)

Under law, this crew is my dependent and I accept the statements above. I confirm that my dependent is competent to take part and I am responsible for my dependant throughout the event. During the time my dependent is afloat I will be around the venue that is hosting the event or I will inform the race officer in writing as to my whereabouts and who is acting in loco parentis during my absence.

Signed.....Name.....

Address.....

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Tel /Mobile.....