

# ***NATIONAL TWELVE OWNERS' ASSOCIATION***

## **PARENTAL CONSENT DECLARATION**

### **FOR NATIONAL TWELVE SAILORS UNDER 18 YEARS OF AGE**

**EVENT: National Twelve Championships 2024**

**EVENT LOCATION: Felixstowe Ferry Sailing Club**

**EVENT DATE: 18<sup>th</sup> – 21<sup>st</sup> August 2024**

<b>Sailor's Name:</b>			
<b>Home Address:</b>			
<b>Date of birth:</b>		<b>Age:</b>	
<b>National 12 Sail No</b>			
All parents should be aware that photography and video filming may take place during this event which may be placed in the public domain. Please circle to indicate whether you agree to this.			<b>YES / NO</b>

\* I the parent/guardian of the above young person **will / will not** be present at the above event.  
(Please circle which applies)

\* In the event of any incident or emergency during the event I can be contacted on:

Telephone number: ..... Or .....

\* In the event of any incident or emergency I authorise the organisers to take whatever action is necessary to ensure the health and safety of the young person named above in accordance with the RYA Child Protection Policy and Guidelines.

Safeguarding during the event will follow the FFSC Safeguarding Policy which can be found here:

<https://ffsc.co.uk/wp-content/uploads/2023/04/FFSC-SAFEGUARDING-YOUNG-PEOPLE-POLICY-2023.pdf>.

In the event of any participant having a concern about a young person or a vulnerable adult during the event, please contact the Club's Welfare Officer Jane White 07768233445 janeawhite23@gmail.com or the RYA Child Protection Coordinator on 023806604104. In an emergency always call 999.

Signed..... (Parent/guardian)

Name (please print)..... Date.....

\* In my absence the person assuming responsibility for the above young person in the event of any incident or illness and who **will be** present at the above event will be:

.....and he/she can be contacted on:

Telephone number ..... or .....

The information you provide in this form will be retained solely for the duration of this event.  
The emergency contact details will be used solely for use in any emergency at this event.

Please complete both Pages

## EVENT DECLARATION FOR NATIONAL TWELVE SAILORS UNDER 18 YEAR OF AGE WHO HAVE SUBMITTED THEIR ENTRY USING THE ONLINE SYSTEM

### TO BE COMPLETED BY THE PARENT OR GUARDIAN

National Twelve Sail No \_\_\_\_\_ . Helm's Name \_\_\_\_\_ .

The entry of this boat is conditional on the owner/competitor racing the boat accepting these terms.

The above entrant has submitted an entry online for the above event and by so doing has accepted these terms for the event these terms are listed below:

I agree to be bound by The Racing Rules of Sailing, and the bye-laws of Felixstowe Ferry Sailing Club. In particular I have read Paragraph 17, 18 & 20 of the Notice of Race.

I understand that if the boat is in the charge of any person other than the undersigned, it is the responsibility of the undersigned to bring to the attention of the person in charge their responsibilities listed in the provision of this entry, the Notice of Race and the Sailing Instructions.

I understand RRS Fundamental Rule 3: The responsibility for a boat's decision to participate in a race or to continue racing.

I declare that during the event I will hold a valid and current third party insurance cover of at least £3 million.

I declare that I hold a valid measurement certificate with a current signed buoyancy endorsement for the above boat. I agree to keep Felixstowe Ferry Sailing Club and its officers indemnified against all or any third party claims that may arise in connection with my boat and/or the users thereof.

I understand that the details I provide on this form will be used by the National Twelve Owners' Association and Felixstowe Ferry Sailing Club for the organization of this event. Please note that a full set of results and details of prize winners are retained by the Association for archive purposes.

#### **PARENT/GUARDIAN EVENT DECLARATION**

The above helm is under 18 years of age therefore the parent/guardian must sign below to accept the above conditions and that the race organizers are not responsible at any time when the above named sails, and the sole responsibility for such yacht is that of the parent/guardian.

Signed \_\_\_\_\_ Date \_\_\_\_\_ e-mail \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Send the completed document to NTOA Hon. Secretary at:

Email to: [ntoa@national12.org](mailto:ntoa@national12.org)

Post to: NTOA, 52d Shaw Lane, Holbrook, Belper, Derbys DE56 0TG.

Or: Present at the Event Race Office before the event commences.

#### **PLEASE NOTE:**

#### **VOLUNTARY MEDICAL DECLARATION FORM**

**This form is available if either the helm or crew wish to make the event organiser's aware of any medical condition in case of an emergency.**

**The provision of this information is entirely voluntary and it will only be used in the event of an emergency to assist in any medical treatment. This information will be kept confidential and only shared with the emergency services and/or the host club.**