



**SOLWAY YACHT CLUB
LASER AND NATIONAL 12
22nd and 23rd September 2018**



Open Meeting for Lasers and National 12s

Lakeland and Border Laser Grand Prix – Saturday

Gul Series National 12 Open – Saturday and Sunday

Solway Yacht Club, The Clubhouse, Kippford, Dalbeattie, Dumfries and Galloway
DG5 4LL

Tel: 01556 620312

www.thesyc.com

WELCOME

Solway Yacht Club invites you to join us for a weekend of wonderful sailing in a great environment and in a setting of outstanding natural beauty. The weekend consists of a Saturday Grand Prix for the Lasers combined with an Open for National 12s. The National 12s also sail on Sunday with the possibility of a final race upriver to Palnackie Harbour if the fleet wishes something out of the ordinary to finish the weekend.

Both days will also incorporate a local club fleet sailing alongside the visitors. There will be a rolling start sequence.

The sailing area (see chart below) is a wonderful scenic estuary that debouches into the Solway Firth. Racing for the smaller boats takes place in the more sheltered area stretching from where the river begins to open out to the fringes of the Solway Firth. The estuary gives competitors the exciting experience of sea sailing but in an area sheltered from the strongest winds. Tides and currents add to the mix. Depending on conditions, Hestan Island can be treated as a mark of the course and brings another factor into play. The large and comfortable clubhouse is in an elevated position with views over to Glen Isle. The Club site has a large boat park and offers excellent launching from pontoons and a large slipway. The estuary dries out but flat areas have been created adjacent to the pontoons. Because of the tides, timings are crucial and racing is run to a tight schedule.

ACCOMMODATION & PARKING

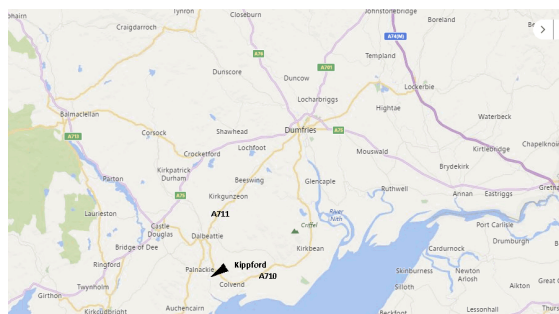
There are many hotels and boarding houses within easy walking or motoring distance as well as caravan, camping and holiday chalets nearby, but early reservations are advised.

There is limited car parking space at the club site and the public car park. However, please respect local businesses' interests. For the safety of competitors and spectators, vehicles may not be driven onto the pier area and boat park other than to drop off or collect boats.

CATERING & BAR

Hot food will be available after racing, after racing. The Club is fully licensed and competitors and visiting members will be elected Temporary Members for the duration of their stay. A social event is planned for the evening of Saturday 22nd

HOW TO FIND US

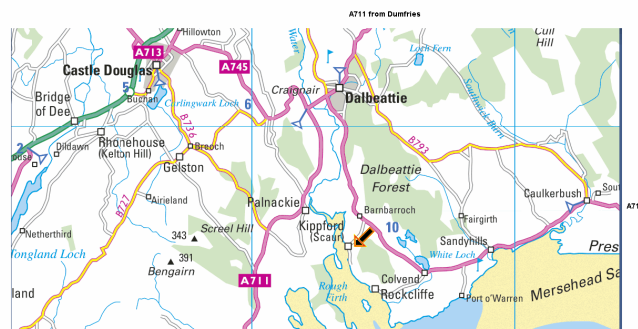


Kippford lies to the south of Dalbeattie along the A710. From the west, follow the A745 and then the A711 from Castle Douglas to the boundary of Dalbeattie. From the north, follow the A711 from Dumfries until the far end of Dalbeattie.

For both, now take the A710, which is signposted "Solway Coast". Follow this road for around 3 miles and then turn right at a sign for Kippford (also mentions sailing and golf). The clubhouse is just before the foot of the hill on the left and the boat park is on the right just round a sharp left corner.

CONDITIONS

1. The meeting will be open to all Lasers as per the Lakeland protocols. For National 12s, all boats meeting the class association rules are eligible to enter. The results will be calculated based on overall positions with separate awards for modern foiling designs, modern double bottom designs, Admirals Cup and Vintage boats..
2. The racing will be governed by the Racing Rules of Sailing (RRS) 2017- 2020, the event Sailing Instructions and the relevant class association rules.
3. The entrant will be deemed to be the helmsman named on the entry form.
4. Changes of boat must be notified in writing and will require the approval of the Race Committee in writing prior to commencement of the series.



5. During the series the crew may be swapped if notified in writing and with approval of the race officer prior to commencement of the race. Helms as indicated on the entry must always be part of the boat's crew.
6. Personal buoyancy must be worn by all competitors. Boat buoyancy may be subject to scrutiny. Relevant boats should carry an appropriate anchor with at least 10 metres of suitable warp. A suitable painter of at least 5 metres must be carried on all boats to facilitate towing and rescue.
7. Fleets will normally be subdivided as per the class rules using PN and depending on the number of entries.
8. A tally system will be used to ensure all competitors return safely after racing. All competitors are obliged to use the system and to cooperate fully with its requirements.
9. Visitors and competitors are asked to respect the local amenities and residents during their stay at Kippford.
10. Children under 14 are not permitted in the clubhouse after 22:00.
11. Dogs should be kept on a leash at all times.
12. Car numbers should be kept to a minimum and should be parked in club or public car parks and are not allowed onto the boat park once the series has started other than to deliver and collect competing boats.
13. Where an entry is via Webcollect, the Medical and Consent form must be completed online. In addition, where the competitor (helm or crew) is under 18, a paper copy must be completed, signed by the parent or guardian and delivered to the Sailing Secretary before the entry deadline. Where the entry is on paper, the medical and consent form must be completed and attached to the entry whether the competitor is under 18 or not.
14. Any alterations to these conditions or other details of this entry form shall be at the sole discretion of the Commodore and Race Committee of Solway Yacht Club.

RACING PROGRAMME

Day	Date	Warning First Race	HW
Saturday	22 nd Sept	09:40	11:10
Sunday	23 rd Sept	10:20	11:40

Fleet Starts (rolling start sequence)

Saturday	Fleet	Sunday	Fleet
+ 0 mins start	Laser	+ 0 mins start	N12
+ 5 mins start	N12	+ 5 mins start	Club
+ 10 mins start	Club		

Warning times shown are the times of the warning signal at the Start Line. Sailors should be aware that it can take some time to reach the racing area. Please ensure you launch in sufficient time.

Subsequent races in a day will start as soon as practicable after the end of the previous race.

PRIZES

At the discretion of SYC and dependent on numbers, prizes may be awarded to the first boat in each category. In addition the series sponsor GUL Watersports may provide prize vouchers for each category of National 12.

Entry Deadline

Registration for those not already entered will take place between 2000 and 2030 on Friday 21st, and 0730 and 0800 on Saturday 22nd September with the briefing in the Clubhouse at 0815. Printed SIS will be available.

Lasers – 1 Day

£15 plus £1 class association levy

National 12s – 2 Days

£30

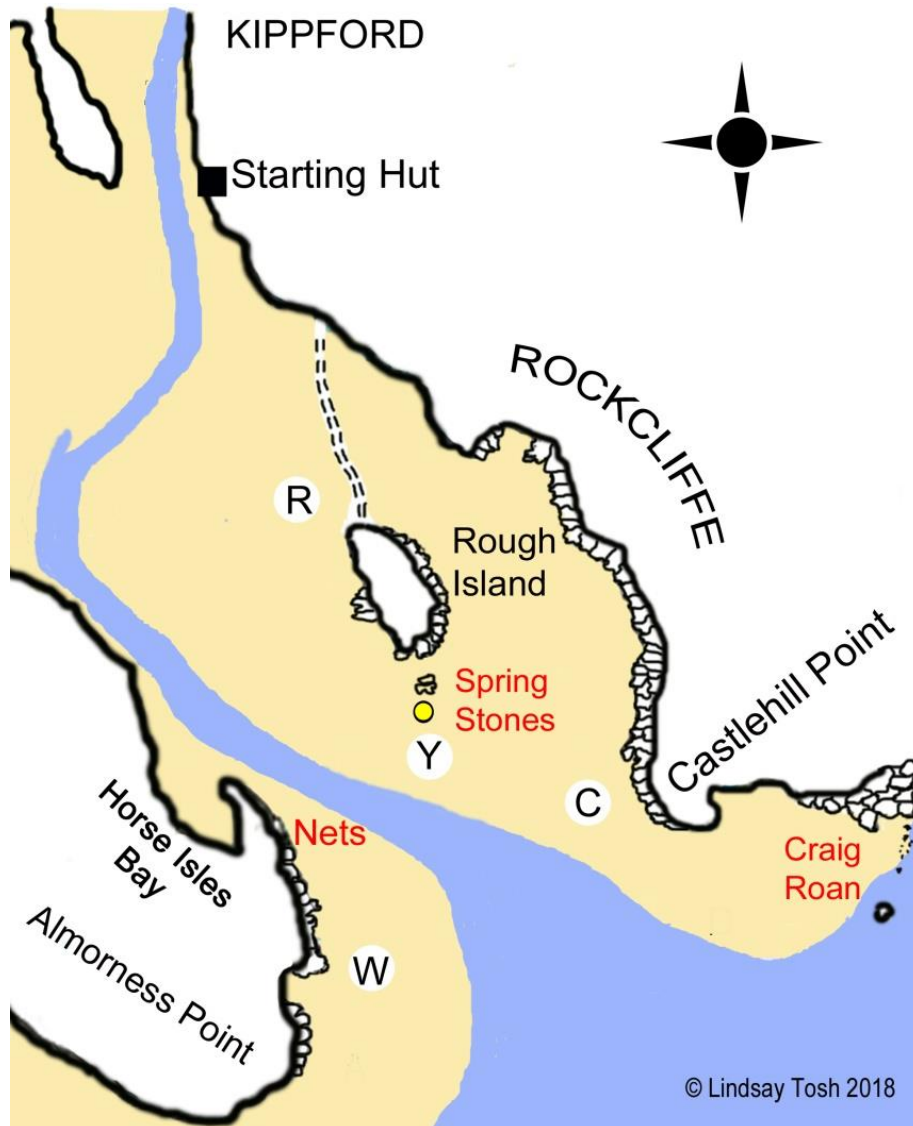
Online entries are preferred at <https://webcollect.org.uk/syc>. However, paper entries are also accepted. Please post to: Sailing Secretary, Solway Yacht Club, The Clubhouse, Kippford, Dalbeattie, DG5 4LL. Email sailsec@thesyc.co.uk.

Please make cheques payable to Solway Yacht Club.

SAILING AREA



The sailing area from above the Starting Hut with Rough and Hestan Islands (and Wilson)



ENTRY FORM

All club events are available to enter online and we prefer that. However, paper entries are always welcome. See <https://webcollect.org.uk/syc> and click on Race Meetings to enter online.

Please use BLOCK CAPS for clarity

Helm's First Name _____ Helm's Surname _____ Date of Birth ___/___/___*

Crew's First Name _____ Crew's Surname _____ Date of Birth ___/___/___*
* if under 18

Class _____ Sail No _____ Club _____
(please be precise e.g. Laser Radial, RS Feva XL)

Boat Insurance Company and Policy No. _____

Address _____
_____ Postcode _____

Tel _____ Email _____

Please list the name(s) of your party if additional people will wish to use the club's facilities, with ages if under 18.

Name _____ Name _____

Name _____ Name _____

If necessary, would you be prepared to serve on a protest committee?

 YES

 NO

Have you been to Solway Yacht Club before?
If not, how did you find out about the event:

 YES

 NO

I agree that Solway Yacht Club accept no liability for damage or injury to, or caused by my boat, her equipment or crew, or other personal belongings ashore, however arising. I accept full responsibility for myself, my crew and my boat and possessions whether afloat or ashore and I confirm that my boat is covered by third party insurance for minimum amount of £3,000,000. I declare that I am an amateur member of a Yacht or Sailing Club recognised by the RYA or a personal member of the RYA. I certify that the boat has a valid Class Certificate and that the sails to be used have been officially certified, where necessary, in accordance with the class rules. I agree to be bound by the Racing Rules of Sailing and by all other rules that govern this event.

Signed _____

Date ___/___/2018

Please make cheques payable to Solway Yacht Club and post with Entry Form to:
Sailing Secretary, Solway Yacht Club, The Clubhouse, Kippford, Dalbeattie, DG5 4LL

Entry Fee	£ _____ . _____
Laser	£15 + Class Levy £1 = £16 <input type="checkbox"/>
N12	£30 <input type="checkbox"/>

SOLWAY YACHT CLUB
MEDICAL AND CONSENT FORM

Data Protection

Under the General Data Protection Regulations, Solway Yacht Club will collect and retain the data on this entry form as follows:

- The data will be collected in accordance with the club's Data Privacy Policy (copy on request)
- The bases of processing these data will be either Contract or Legitimate Interest as per the policy with the exception of photography and medical data, for which consent is sought below.
- The data will be collected and securely retained by the Sailing Secretary (sailing@thesyc.org.uk)
- The data will be used to facilitate the event that you are applying to enter.
- The data may be disseminated as required to any or all of: race officials, results coordinators, instructors and coaches, Cadet Officer, Piermaster/beachmaster, safety crews and those providing catering. Results may be publicised in the media, on the club website and in club publications such as the handbook.
- The data will be retained only for as long as is required to facilitate the event except that name and contact details may be retained for one year approximately to publicise the following year's event. Qualifications obtained at a training event will be retained to enable further training.

Medical

Do you or your child under 18 have any allergies, ailments, illnesses or conditions that need to be taken into consideration if injured or taken ill while on the water or in club premises. If none exist please leave blank. It is your responsibility to make known any potential medical conditions that may affect your/your child's own personal safety during activities associated with sailing or, if consent is not given to collect and process relevant medical data, to make alternative arrangements to safeguard yourself or your child under 18.

If the entrant is under 18, are any of the conditions you have answered yes to above not known to the child? Please advise.
Is there anything else we should be aware of?

Declaration: I consider myself or my child under 18 physically fit to take part in this event/course.

Do you consent to these medical data being collected and retained as noted under Data Protection above? Please tick.

YES	NO
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Signed: _____ Date: ____/____/2018

Photography

From time to time, still and video photography may be taken for promotional and training purposes. Where you or your child under 18 can be identified, do you give consent to the images being used for these purposes? Please tick.

YES	NO
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Signed: _____ Date: ____/____/2018

Parental / Guardian Consent Form for Entrants under the Age of 18:

I, the parent / guardian of _____ give permission for them to participate in the above event as noted above.

I have completed the medical form above for any relevant conditions.

I give permission to the qualified first aid/medical personnel, who may or may not be participating in activities during the event to administer any relevant treatment or activities to the above named person, when / if necessary. In addition, if the case arises, I authorise the club to take the above named person to a hospital and give 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.

Parent / guardian's consent: _____ (signature)

Name: _____ (please print)

Relationship to the above: _____

Emergency Contact Number: _____ (for use during the event)