



SHOREHAM SAILING CLUB

ENTRY FORM

N12 Shoreham Gul Series #3

UK Wayfarer Class Southern Area Championships and Craftinsure National Circuit and Travellers' Series Event 4

15th-16th May 2019

Class (Delete as appropriate): National 12 Wayfarer	Sail Number
Helm:	Crew:
Club:	
Contact Address:	
Email:	
Telephone Number:	

Fee for the event is £35.00 per boat for the event or £20.00 for one day only, inclusive of Class Association levies.

Terms and Conditions – By entering this event you agree to the following:

- To be bound by RRS and all other rules which govern the event including those in the NoR and SI's;
- That you have read the NoR, agree to its provisions and that your boat and crew will conform to its provisions throughout the event;
- That you have drawn the conditions of entry to the attention of your crew and that you will be responsible for your own safety and that of your crew and boat whether ashore or afloat;
- That the boat is insured during the event.

Personal data collected by this form or otherwise in connection with the event will be used and stored by Shoreham Sailing Club. Please note that details of the competition, including helms' and crews' names, boat sail numbers and sailing clubs, may be published on the world wide web or in print media reporting on the event.

Please tick this box [] if you consent to the taking of pictures and video during the event, their publication and your waiver of any rights to payment for such images.

Signed:	Date:
Print Name in Block Capitals:	

Parent or Guardian Declaration (required if helm and/or crew are under 18 years on 15th June 2019)

Under law this helm/crew is my dependant and I accept the NoR and its provisions and agree to the statements contained within them. I confirm that my dependant is competent to take part and I am responsible for my dependant throughout the event. During the time my dependent is afloat I will remain at SSC or I will inform the Organising Authority in advance of a person who has agreed with me to remain at SSC and act *in loco parentis* in my absence.

Signed:	Date:
Print Name and Address in Block Capitals:	