

**Entry Form**  
2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> May 2015

**Boat**

Sail Number	
Name of Boat	

**Helm**

Name of Helm	
Address	
Telephone Number	
Email Address	
UKIDA No.	
Sailing Club	
Vehicle Registration	

**Declaration**

I agree to be bound by the Racing Rules of Sailing and all other rules that govern this event including paragraph 12 of the Notice of Race, which excludes my right to claim compensation in certain circumstances. I declare that during the event I will hold a valid and current third party insurance of at least £2,000,000.

Signature Helm	
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**Fitness**

I declare that I am physically fit and in good health and have made the organizers aware of any medical or physical conditions.

Signature Helm	
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**Parent or Guardian Declaration**

(Required if date of birth is after 2<sup>nd</sup> May 1999)

Under the law, this **helm** is my dependent and I accept paragraph 12 of the Notice of Race, which excludes my dependent's right to claim compensation in certain circumstances. I declare that during the event the boat will have a valid and current third party insurance of at least £2,000,000. I confirm that my dependent is competent to take part and that I am responsible for my dependent throughout the event. During the time my dependent is afloat I will be in or around Dee Sailing Club or I will inform the race office in writing naming the person who is acting *in loco parentis* during my absence.

Name	
Address	
Signature	

**Entry Fee / Food**

Entry Fee	<b>£45</b> per boat.	Sunday Food Order ( Pie,Mash,Mushy Peas)	<b>No.</b>
Payment enclosed		Special dietary need ?	<b>Vegetarian / Gluten Free / Other ?</b>

**Crew**

Name of Crew	
Address	
Telephone Number	
Email Address	
UKIDA No.	
Sailing Club	
Vehicle Registration	

**Declaration**

I agree to be bound by the Racing Rules of Sailing and all other rules that govern this event including paragraph 12 of the Notice of Race, which excludes my right to claim compensation in certain circumstances.

Signature Crew	
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**Fitness**

I declare that I am physically fit and in good health and have made the organizers aware of any medical or physical conditions.

Signature Crew	
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**Parent or Guardian Declaration**

(Required if date of birth is after 2<sup>nd</sup> May 1999)

Under the law, this **crew** is my dependent and I accept paragraph 12 of the Notice of Race, which excludes my dependent's right to claim compensation in certain circumstances. I declare that during the event the boat will have a valid and current third party insurance of at least £2,000,000. I confirm that my dependent is competent to take part and that I am responsible for my dependent throughout the event. During the time my dependent is afloat I will be in or around Dee Sailing Club or I will inform the race office in writing naming the person who is acting *in loco parentis* during my absence.

Name	
Address	
Signature	