



DRAYCOTE WATER

SAILING CLUB

Kites Hardwick Rugby Warwickshire CV23 8AB

Tel 01788 811153 Fax 01788 811153

www.draycotewater.co.uk E-mail: office@draycotewater.co.uk

OPEN MEETING ENTRY FORM

Sail No.:		Class:		Sailing Club:	
Helm:				Crew:	

HELM		Date of Birth (if under 18):	
Home Address & Post Code			
E mail address:		Phone No.:	
I give my consent for my email to be used by DWSC to inform me of their activities & events (not club members) <input type="checkbox"/> #			
Class Assn. member	Yes / No *	Male / Female *	
Emergency Contact during event:	Name	Phone No:	
Car Make:		Car Registration:	

CREW		Date of Birth (if under 18):	
Class Assn. Member	Yes / No *	Male / Female *	
Emergency Contact during event:	Name	Phone No:	
Car Make:		Car Registration:	

* delete as appropriate # You may withdraw your consent at any time. Data Privacy Policy available on: www.draycotewater.co.uk

COMPETITOR DECLARATION

- I declare that I hold a valid and current certificate of third party insurance cover in the minimum of £2,000,000 in any one incident underwritten by an A.B.I. member company or OED's of London and that I will continue to do so whilst my entered boat is at Draycote Water Sailing Club. The race organisers shall not be liable for any loss, damage, death or personal injury howsoever caused to the owner/competitor, his skipper or crew, as a result of their taking part in the race or races. Moreover, every owner/competitor warrants the suitability of his yacht for the race or races. By signing this entry form, participants accept that they are responsible for themselves their crew, and their boats, whether afloat or ashore. Nothing done by the organisers (i.e. the club, race management team, patrol craft and anyone helping to run the event) will relieve participants of their responsibilities.
- I certify that my boat complies with and holds a valid class measurement certificate where appropriate, is seaworthy and has adequate buoyancy.
- I agree to abide by the RRS, RYA prescriptions, Event Sailing Instructions, DWSC and the Class Association Rules and to behave in accordance with the RYA Racing Charter.
- I also agree to observe the following Severn Trent Water rules:
 - No parking on any road or slipway (a car park is provided).
 - No camping on site (unless prior permission has been obtained).
 - No dogs are permitted on site.
 - Personal buoyancy must be worn at all times when on the water.

MEDICAL CONSIDERATIONS

If the competitor(s) have a medical condition that should be known to the race and safety officers for the event there is a separate Medical form that it is recommended to complete and attach. Eg. Asthma, allergies, back problems, deafness, diabetes, dizziness, heart problems

Signature of Helm:	Medical Form Attached: Yes / No *
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FOR COMPETITORS AGED UNDER 18 YEARS PLEASE NOTE:

- For each sailor under 18, this entry form must be accompanied by a fully completed & signed Parent / Guardian Consent & Declaration Form.
- For sailors under 18, the requirement to wear full wet or dry suits from November to March (inclusive) is extended to May.

ENTRY FEE: £ per boat. Cheques to be made payable to Draycote Water Sailing Club.

Office Use Only: Entry Fee - Paid [] Meals - Paid [] Nos []

May 2018



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PARENT/GUARDIAN CONSENT AND DECLARATION FORM

EVENT & DATE	
COMPETITOR NAME	
Boat Number	HELM / CREW *

Parent/Guardian Declarations: (Required for all sailors who are under 18 years of age)

Under law, the above competitor is my dependent. I confirm the accuracy of the information contained in the sailor's Entry Form. I accept the Disclaimer of Liability on the Entry Form and Sailing Instructions that excludes the right to claim compensation in certain circumstances.

During the event the boat sailed by my dependent will have a valid and current third party insurance of at least £2m or the equivalent in another currency.

I confirm that my dependent is competent to take part.

I consent to my dependent participating in drug testing procedures and, if asked, providing a urine sample under observation for analysis at an accredited laboratory.

I grant to the organisers without payment the right in perpetuity to make, use and show any non-identifiable motion pictures, still pictures and live, taped or filmed television of or relating to the event and I consent to these being published in Class, Club and other publications and / or the Class, Club or other websites.

During the event (tick one box):

I will be responsible for my dependent throughout the event, and during the time my dependent is afloat I will be available at the event venue.

I appoint the person named below, who has agreed to act in loco parentis.
He/she will be responsible for my dependent throughout the event. During the time my dependent is afloat he/she will be available at the event venue.

Medical Form attached	YES / NO*
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*Delete as applicable

Name of Parent/Guardian	
Home address	
E-mail address	
I give my consent for my email to be used by DWSC to inform me of their activities & events <input type="checkbox"/> #	
Home Phone no.	
Mobile no.	
Name of person acting in loco parentis (if applicable)	
Mobile no(s) of person acting in loco parentis (if applicable)	

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Signature of Parent/Guardian	
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CONFIDENTIAL MEDICAL NOTIFICATION FORM

ONLY REQUIRED IF YOU ANSWER "YES" TO ONE OF THE QUESTIONS BELOW.....

Any competitor, or their parent/guardian on their behalf, is recommended to notify the organisers of any medical condition and medication which may need attention whilst on the water.

The information given below will be treated as confidentially as possible by the Organisers, on a need-to-know basis, but will, in particular, be notified to the Race Officer and Safety Officer, so that relevant information shall be to hand in the event of need and may be passed to any attending paramedic or other medical personnel.

EVENT & DATE	
COMPETITOR NAME	
Boat Number	HELM / CREW *

- 1 (a) Does the competitor have any specific medical conditions? Yes/No*
- 1 (b) If so, please give details:
- 2 (a) Does the competitor take any medication (including intermittently, e.g. inhaler)? Yes/No*
- 2 (b) If so, please give details:
- 2 (c) How/where will this be held available should it be required?
- 3 (a) Does the competitor have any allergies? Yes/No*
- 3 (b) If so, please give details:
- 4 Is there anything else you feel that the organisers and/or safety personnel should know about the competitor?

* Delete as appropriate

I give my consent for this information to be used by DWSC & medical staff to treat me in case of emergency #

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Signed by competitor:
(if over 18)

Name of Parent/Guardian:
(when competitor is under 18)

Signature of Parent/Guardian: