

Aldeburgh Yacht Club
L'Escargot Open Meeting for Wayfarers and
National Circuit Series Event
8- 9 July 2017

Entry Form

Please complete in BLOCK CAPITALS and return to;

The Secretary,
Aldeburgh Yacht Club,
Aldeburgh,
Suffolk, IP15 5NA.

Name of Helm.....

Address.....

.....

Phone No.....

Email address.....

Club.....

Boat No.....

Name

Colour

Entry fee £30 per boat (includes Wayfarer levy of £3). Please enter at the Secretary's office by 11.00am on 8 July 2017. Please pay by card or cheque made payable to "Aldeburgh Yacht Club".

For Helms age 18 years and over:

I agree to be bound by the Racing Rules of Sailing and all other rules that govern this event. In particular I confirm that I agree to the Risk Statement set out in the Notice of Race and that my boat will conform to relevant class rules throughout the event. I also declare that during the event the boat will have valid and current third party insurance of at least £3m.

Signed..... Date.....

For Helms/Crews Under 18: (please delete as applicable or repeat if Helm and Crew both under 18)

Under law, this helm/crew is my dependent, and I accept the paragraph entitled 'Risk Statement' in the notice of race which excludes my dependant's right to claim compensation in certain circumstances. I declare that during the event the boat will have valid and current third party insurance of at least £3m. 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 Aldeburgh Yacht Club or I will inform the race officer in writing who is acting in loco parentis during my absence.

Name of Helm/Crew: _____ **Date of Birth** _____

EITHER :

I will be responsible for my dependent throughout the event, and during the time my dependent is afloat I will be in or around Aldeburgh Yacht Club

Parent or guardian of helm/ crew

Name _____

Address _____

Contact Number(s) _____

Signature of parent or guardian _____ Date _____

OR:

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 in or around Aldeburgh Yacht Club

Person appointed in loco parentis of helm/ crew

Name _____

Address _____

Contact Number(s) _____

Signature of parent or guardian _____ Date _____

Parent or guardian of helm/ crew

Name _____

Address _____

Contact Number(s) _____

Signature of parent or guardian _____ Date _____