

Aldeburgh Yacht Club

L'Escargot Open Meeting for Wayfarers

15 - 16 June 2019

Entry Form

Please complete in BLOCK CAPITALS and return to;

The Secretary,
Aldeburgh Yacht Club,
Aldeburgh,
Suffolk, IP15 5NA.
secretary@aldeburghyc.org.uk
01728 452562

Name of Helm.....

Address.....

.....

Phone No.....Email address.....

Club..... Boat No.....

NameColour

Entry fee £35 per boat. Please enter at the Secretary's office by 11.00am on 15 June 2019. Please pay by debit card or cheque made payable to "Aldeburgh Yacht Club".

Saturday Night Supper at the Club: _____ people @ £18	£
Entry Fee	£ 35.00
TOTAL	£ _____

Campers Welcome

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 _____