



## Impala National Championship Friday 18<sup>th</sup> August to Sunday 20<sup>th</sup> August 2017

Boat Name:	Sail Number:
Please enter my Impala in the Impala National G	Championship.
Name of Entrant:	
Address:	
Email:	
Tel Home:	* Tel Mobile:
Helmsman Name:	Club:
Crew:	
* Regatta information may be texted to this pho	one by the Organising Committee.
that I have read the Notice of Race and accept is requirements set out in the Notice of Race through In participating in the event any competitor autuse and show, from time to time, any motion phim/her during the period of the event without	ng and all other rules that govern this event. In particular, I confirm its provisions and agree that my boat will conform to the bughout the event.  comatically grants to the Organising Authority permission to make, ictures and live, taped or film television and other reproductions of compensation, in perpetuity.
Signature of Owner / Skipper	Date
Young Competitors	

Any competitor under the age of 18 on 18<sup>th</sup> August 2017 will be required to complete a Parent/Guardian Consent and Supervision Form (see attached) and submit it by email to <a href="mailto:racing@ccyc.org.uk">racing@ccyc.org.uk</a>.

Impala National Championship		Cost	Total due
Entry Fee for entries received by midnight on 28 <sup>th</sup> July		£165	£
Entry Fee for entries received after 28 <sup>th</sup> July		£190	£
Social Tickets	No of Tickets required	Cost	
Barbecue at CCYC Friday 18 <sup>th</sup> August *		£8.00 per head	£
Championship Dinner on Saturday 19 <sup>th</sup> August *		£28.00 per head	£
Grand Total			£

* Please advise any dietary requirements or food allergies when returning this form		
	No of Vegetarians:	
enclose a cheque for £	made payable to the Cowes Corinthian Yacht Club or please debit my	
credit/debit card:		
Name as printed on Credit Card:		
Credit Card No:		
Start Date:	Expiry Date:	
Security Code:		

Please return this form to the Cowes Corinthian Yacht Club, CCYC Office, 39 Birmingham Road, Cowes PO31 7BH or email to <a href="mailto:racing@ccyc.org.uk">racing@ccyc.org.uk</a>.





## Parent/Guardian Consent and Supervision Form

This form is required for all competitors under 18 years of age as of the first day of the event. It must be signed by the parent/guardian of the young person and NOT their representative.

Name of Competitor:		Sail No:	
Event:	Impala National Championship	Dates:	18 – 20 August

## **Risk Statement**

Sailing is by its nature an unpredictable sport and therefore inherently involves an element of risk.

By allowing my child to participate in this event I, the parent/guardian of the child mentioned above agree and acknowledge that:

- a) I am aware of the inherent element of risk involved in the sport and accept responsibility for exposing my child to such inherent risks;
- b) I have satisfied myself that my child has the necessary skill and knowledge to take part in the event and to deal with conditions that may arise in the course of a race;
- c) I will not allow by child to participate in the event whilst under the undue influence of alcohol, drugs or whilst otherwise unfit to participate;
- d) I am responsible for ensuring that the boat is in good order, equipped and insured (including third part insurance of at least £2 million) to take part in the event;
- e) I am responsible for my child's property whether afloat or ashore;
- f) I accept responsibility for any injury, damage or loss to the extent caused by my own actions or omissions or actions or omissions of my child;
- g) The provision of a race management team, patrol boats and other officials and volunteers does not relieve me of my parental/guardianship responsibilities or my child of his/her responsibilities;
- h) The provision of patrol boat cover is limited to such assistance, particularly in extreme weather conditions, as can be practically provided in the circumstances;
- i) My child is bound by the Notice of Race, Sailing Instructions and Racing Rules of Sailing (save as amended by the Notice of Race or Sailing Instructions)

## **Supervision**

During this event (tick one box):	
I will be responsible for my child to at the event venue.	throughout the event and during the time that they are afloat. I will be available
	w, who has agreed to act in loco parentis. He/she will be responsible for my t. During the time that my child is afloat he/she will be available at the event
Name and signature of parent/guardian:	
Contact telephone/mobile:	
Person appointed in loco parentis:	
Contact telephone/mobile:	