

BROXBOURNE SAILING CLUB

Open Meeting Entry Form ForClass

Date of Event / /

Class..... Sail Number

Helm's Name Club

Crew's Name

Helm's age if below 16

Address

.....

.....

Post Code

I agree to be bound by the current ISAF Racing Rules of Sailing, the prescriptions of the RYA, the Sailing Instructions of Broxbourne Sailing Club and the appropriate Class Rules. I confirm I hold a valid measurement certificate and third party insurance to cover a minimum of £2,000,000.

Signed Date ...//20.....

Entry fee of £ Enclosed/Paid

Parents or guardians of helms below the age of 16 as of today's date are required to sign the following:

Under law, this helm is my dependent, and I accept paragraph 2.1 of Broxbourne Sailing Club's Standard Sailing Instructions which excludes my dependent's right to claim compensation in certain circumstances. I declare that during the event the boat will have valid and current 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 Broxbourne Sailing Club or I will inform the Race Officer in writing who is acting in *loco parentis* during my absence.

Signed..... Parent/Guardian Date. / /