



NSSA SINGLE HANDED TEAM RACING CHAMPIONSHIPS
Fairlop Outdoor Activity Centre, IG6 3HN
5th and 6th October 2019



PARENT GUARDIAN CONSENT FORM

This form must be completed for ALL competitors and signed by the Parent/Guardian and NOT their representative

| | | |
|----------------------------|--|---------------------------|
| Name of Team | | |
| Name of Competitor | | DOB |
| Address | | |
| Postcode | | NSSA Membership No |
| Telephone | Home | Mobile |
| Medical Information | Please identify all medical conditions, or medication being taken, which the organisers should be aware of. Continue overleaf if more space is required. | |

SUPERVISION

I appoint the person named below, who will act in loco parentis for my dependant. He/she will be responsible for my dependant throughout the event, and during the time that my dependant is afloat he/she will be available at the event venue.

| | |
|--|--|
| Name of Person in Loco Parentis | |
| Mobile Number | |

RISK STATEMENT

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

By allowing my dependent to participate in Racing, I, the parent/guardian of the young person named above agree and acknowledge that:

- I am aware of the inherent element of risk involved in the sport and accept responsibility for exposing my dependent to such inherent risks;
- I have satisfied myself that my dependent has the necessary skill and knowledge to take part in this event and to deal with conditions that may arise in the course of a race;
- The team manager will not allow my dependent to participate in racing whilst under the undue influence of alcohol, drugs or whilst otherwise unfit to participate;
- The team manager is responsible for ensuring that the boat is in good order, equipped and insured (including third party insurance of at least £3 million);
- My dependent is responsible for their own property, whether afloat or ashore;
- 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 dependent;
- 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 dependent of his/her responsibilities;
- The provision of patrol boat cover is limited to such assistance, particularly in extreme weather conditions, as can be practically provided in the circumstances.

ACCEPTANCE OF THE RULES AND BEHAVIOUR DURING THE EVENT

By allowing my dependent to participate in this event, I, the parent/guardian of the young person named above agree and acknowledge that:

- My dependent is bound by the Notice of Race, Sailing Instructions and Racing Rules of Sailing (RRS);
- I am aware of the RYA Prescription to RRS Rule 3 and that my dependent may be penalised under the RRS for any misconduct on the part of my dependent's support persons.
- If my dependent behaves in a manner that is considered unacceptable by the organisers, including the consumption of alcohol or drugs at any time, I understand that I will be asked to collect my dependent within 12 hours from the venue listed above, and will not have entry or accommodation fees refunded.
- I consent to the taking of pictures and video during the event and waive any rights to payment for such images.

MEDICAL TREATMENT

If it becomes necessary for my dependent to receive medical treatment and the organisers are unsuccessful in contacting me, I hereby give my consent to any necessary medical treatment, and authorise the person appointed in loco parentis to sign any document required by the medical authorities. I also 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 confirm that my dependent is medically fit to take part in the event and any supporting activities on the above date. I have listed above any medical conditions for my dependent that the organisers should be aware of.

| | | |
|---------------------------------------|-------------|---------------|
| Name of Parent / Guardian | | |
| Contact Telephone / Mobile | Home | Mobile |
| Signature of Parent / Guardian | | |

PRIVACY POLICY

NSSA collects personal information from entry forms for the purpose of administering the event. NSSA will only use your details to contact you with relevant information about the event you have entered and do not pass your information to anyone else. You have the right to request a copy of the information that we hold about you and the right to ask us to erase any details that we hold about you by contacting us in writing to secretary@nssa-exec.org.uk