



**NSSA DOUBLE HANDED TWO BOAT TEAM RACING CHAMPIONSHIP**  
**Farmoor Reservoir, Oxford, OX2 9NS**  
**21<sup>st</sup> March 2020**



**PARENT / GUARDIAN DECLARATION FORM**

The Parent/Guardian Declaration Form must be completed for ALL competitors taking part in the above event, regardless of their age. The form should be signed by the parent/guardian of the competitor and NOT the team manager or the person appointed in loco parentis.

<b>Name of Team</b>		
<b>Name of Competitor</b>		
<b>Date of Birth</b>		<b>NSSA Membership No</b>
<b>Telephone Numbers</b>	<b>Mobile</b>	<b>Home</b>
<b>Medical Information</b>	Please identify all medical conditions, or medication being taken. Continue overleaf if more space is required.	
<b>Other Useful Information</b>		

**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. During the time that my dependant is afloat, he/she will be available at the event venue.

<b>Name of Person in Loco Parentis at Event</b>	
<b>Mobile Number whilst at Event</b>	

**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 competitor 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;
- 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 competitor 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 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.

<b>Name of Parent / Guardian</b>		
<b>Parent / Guardian Telephone Numbers</b>	<b>Mobile</b>	<b>Home</b>
<b>Signature of Parent / Guardian</b>		

**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](mailto:secretary@nssa-exec.org.uk)