



**Solo Class Welsh Regional Championship**  
**TATA Steel Sailing Club (Margam)**  
*Eglwys Nunydd Reservoir, Margam, Port Talbot*  
**4 - 5 May 2013**



**ENTRY FORM**

**Name** ..... **Sail No.** .....

**Address** .....  
.....

**Tel. or email address** .....

**Date of birth** if after 4/05/1995 .....

If after 4/05/1995 a parent/guardian must countersign below.

Please tick if aged 50 or over on 1/1/2013 .... ; if aged 50 or over on 4/5/2013 ....  
Please tick if aged 60 or over on 1/1/2013 .... ; if aged 60 or over on 4/5/2013 ....

**Home Club** .....

**Entry Fee** £20 received by.....

[Please make cheques out to **Tata Steel Sailing Club, Margam** ]

**Responsibility and Risk**

By signing this entry form, participants confirm that they have read the Risk statements in the Notice of Race, and that they accept the following:

1. They are aware of the risks inherent in taking part in the event.
2. They are responsible for themselves, their crew and their boat afloat and ashore.
3. They accept responsibility for injury, damage or loss to the extent caused by their own actions or omissions.
4. Their boat is in good order, equipped to race in the event and they are fit to participate.
5. The provision of a race management team, patrol boats and other officials and volunteers does not relieve participants of their responsibilities.
6. The provision of patrol boat cover is limited to such assistance as can be practically provided in the circumstances.
7. The boat carries valid 3<sup>rd</sup> party insurance of £2,000,000.
8. Consent to photographs being taken at the event and to their publication in print or electronically.

**Signature of helm** .....

**Parent/Guardian declaration for helm with dob after 4/5/1995 :-**

Under law, this helm is my dependent and I agree to him/her taking part in this event. I have read and accept the terms of the Responsibility and Risk paragraph above. During the time my dependent is afloat I will be in the vicinity of Tata Steel Sailing Club Margam or I will inform the Race Officer in writing who is acting on my behalf during my absence.

**Signature of Parent/Guardian** .....

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**Medical declaration - optional** I wish to inform the event Safety Officer of a medical condition which may need a particular treatment in the event of an emergency, the information to be kept in confidence and destroyed after the event. YES / NO.

If answered YES, the event Safety Officer will arrange to meet and discuss the matter privately.

**Next of kin - optional** .....