

WESTON SAILING CLUB

Junior Regatta

Saturday 7th Sept 2013

ENTRY FORM

Class: **Sail Number:**

Name of Helm:

Name of Crew:-

Address (Helm):.....

.....

Address (Crew):.....

.....

Club (Helm): **(Crew):**.....

Parent(s) / Guardian(s) whilst at event:

Name(s):

.....Tel.....

I agree the above named will be bound by the Sailing Instructions for this event and the rules of Weston SC. I accept that Weston Sailing Club shall not be responsible in any way for any loss, damage, injury or inconvenience to persons or property, howsoever caused. I understand that the event organisers cannot be expected to know the capability of every child to cope with different sailing conditions, and I accept sole responsibility for allowing the above child to sail. I declare that the above boat and competitors have at least £2,000,000 insurance against third party liability.

Signature (Parent / Guardian): **Date:**

ENTRY FEE: £2 per person members. £3 single person SWSA
£5 per person for Non Weston members

Fee Received: £..... **Date:** **By:**