

International Laser Class Association

Laser Europa Cup 2009
Laser Standard, Laser Radial & Laser 4.7 Youth Grand Prix 2009

ENTRY FORM

To be sent to address as given in Notice of Race

**PLEASE PRINT CLEARLY IN BLACK INK
YOU MUST FILL IN ALL THE FIELDS BELOW. THIS IS IMPORTANT FOR THE
CALCULATION OF THE OVERALL SCORES AND ISAF RANKINGS.**

Name of Regatta

Please tick (✓) as appropriate:

Male

Female

Standard

Laser Radial

Laser 4.7

FULL Sail Number including National Letters in Accordance With Class Rules

ISAF Number

If you have not got an ISAF number or have forgotten it, please visit the ISAF website at:

<http://www.sailing.org/2056.php?PHPSESSID=cbb92dda37fae98eb96b7b6049c6f15f>

Family Name First Name

Address

..... Country

Telephone: Home Work

Mobile E-Mail

Fax Date of Birth (dd/mm/yy)

Yacht Club

Liability

I hereby acknowledge that the host club, the host National Authority, the International Laser Class Association, their officers, members and volunteers do not accept any liability for loss of life or property, personal injury or damage to property caused by or arising out of the above regatta, and that I take part in the regatta entirely at my own risk.

The establishment of the Notice of Race and the Sailing Instructions in no way limits or reduces the complete and unlimited responsibilities of a competitor being solely and entirely responsible for the management of a boat he or she is sailing.

I accept sole responsibility for my decision to participate in a race or to continue racing.

I agree to be bound by the Racing Rules of the ISAF and the International Laser Class Rules as amended by the sailing instructions and the official race notices.

I am of good health and a competent sailor capable of sailing a Laser in strong winds.

I understand and accept that I am wholly and exclusively responsible for third party liability insurance on the boat that I am sailing and for my personal accident and health insurance.

Please tick (✓) as appropriate:

I enclose full entry fee

I will pay full fee on arrival

Signed Date

Countersignature of Parent / Legal Guardian if competitor is under 18 years old:

Signed Date

Please print name clearly

PARENTAL/LEGAL GUARDIAN CONSENT FOR SAILORS UNDER 18:

Name of parent/legal guardian :.....

Contact telephone number in case of an emergency :.....

I hereby allow my son/my daughter(NAME OF SAILOR) to participate in the above named regatta.

Signature of parent :.....

Date :.....

If you are not accompanying your child to the regatta, please give the name and mobile phone number of the responsible adult attending the event :

Name of responsible adult attending the event :.....

Mobile phone number of responsible adult :.....

PLEASE SEND ENTRY FORM TO ADDRESS AS GIVEN IN NOTICE OF RACE