

Regional Windsurfing League 2025

Part 1 – Registration Form



Event Details

Region

Event Date

Sailor Details

Fleet

Forename

Surname

Date of Birth

Club

Race Vest Colour

Race Vest No.

RYA Membership Number

Contact Details

Address

Town

County

Post code

Family email*

Family telephone

*Please state if you are happy for the Techno Class to contact you by email YES/NO

Sailor Declaration

I/We agree to be bound by the *rules* as defined in the Racing Rules of Sailing, and all other rules that govern this event. I/We accept the Statement of Liability in the Notice of Race which excludes the right to claim compensation in certain circumstances. During the event I/we will hold a valid and current third party insurance of at least the value in the Notice of Race (NOR).

Signed

Parent/Guardian Declaration

Required for all sailors who are under 18 years of age

Name of parent or person acting in loco parentis:

Mobile

Under law, this competitor is my dependent. I accept the Statement of Liability in the Notice of Race, which excludes the right to claim compensation in certain circumstances. During the event the boat sailed by my dependent will have a valid and current third party insurance of at least £3 million. I confirm that my dependent is competent to take part. I will be responsible for my dependent throughout the event, and during the time he/she is afloat I will be available at the event venue, or I will inform the Race Office in writing who is acting in loco parentis.

I acknowledge that I am a *support person* for the purposes of the Racing Rules of Sailing (RRS) and that I am aware of the RYA Prescription to RRS Rule 3 that my child may be penalised under the RRS for any misconduct on the part of my child's *support persons*.

Rights to use Names and Likenesses

The Organiser may arrange for images or videos to be taken at the Event. By completing this form you agree to such images and video being taken and used by the Organiser. If you later change your mind, please contact the Organiser. Please be aware that if you do later change your mind, it may not be possible to remove images from material already in circulation. By agreeing to the use of such images, you assign to the Organiser any right of ownership you may have in that image.

Signed

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Part 2 – Medical Details



IMPORTANT: You must also complete part two of this form 'Medical Details'

Parental Contact

Name

Relationship to Sailor

Mobile No.

Home No.

Alternative Emergency Contact

Name

Relationship to Sailor

Mobile No.

Home No.

Doctor's Details

Doctor's name

Doctor's number

Are you fit for this event?

Tetanus Date

Do you have any additional information that the event management should be aware of?

If yes please give details

I confirm that I have provided the medical information listed above for the purposes of participation in the Event. I understand that this information will only be used for that purpose and will be retained for as long as necessary to comply with the organisers legal obligations. I agree

Do you have any allergies? Have an Epi Pen

Thank you for registering for the event.