



Carrickfergus Sailing Club  
Autumn Series 2017  
10<sup>th</sup> Sept to 29<sup>th</sup> October  
Entry Form

Please complete all sections in **BLOCK CAPITALS**

**Section A – Personal Details**

	HELM	CREW Names only (if applicable)
Name		
Address for correspondence		
Town		
Postcode		
Telephone		
Email		

**Section B – Boat Details**

Sail No.	
Class of Boat	
NHC or PY Handicap as applicable	

**Section C – Parental Details (to be completed only if competitor is less than 18 years)**

	HELM	CREW (if applicable)
Emergency Contact 1	Name	Name
	Tel	Tel

**Section D – Declaration**

I agree to be bound by the Racing Rules of Sailing and all other rules that govern this event/series. In particular I confirm that I have read the Notice of Race and accept its provisions and agree that my boat will conform to the requirements set out in the NoR throughout the event/series.

**Liability and insurance** – The safety of the boat and her entire management including insurance requirements shall be the sole and inescapable responsibility of the owner or helm in charge who must ensure that the boat and crew are adequate to face conditions that could arise during the event. Neither the organizing authority (the Club) their officers, officials or volunteers shall be responsible for any loss, damage, death or personal injury however caused as a result of any person taking part in the event. Each owner/person in charge is responsible for ensuring that the competitor and boat sailed in this event/series hold adequate third party insurance cover to a minimum of £ 2,000,000 (Sterling) per incident as set out in the NoR.

Signature of owner/helm	
Signature of Parent/Guardian (if applicable)	
Date	