



# The Royal Solent Yacht Club

## YARMOUTH, ISLE OF WIGHT

### DINGHY WEEK 2016

LASER and PICO REGATTA  
16<sup>th</sup> – 19<sup>th</sup> August

*Supported by*



## ENTRY FORM

*(delete where applicable)*

I/We \_\_\_\_\_ wish to enter my/our boat in the above event.

I/We agree to be bound by the Racing Rules of Sailing (RRS) of the International Sailing Federation, the prescriptions of the Royal Yachting Association (RYA), the Notice of Race and the Sailing Instructions and Class Rules.

I/We Undertake to sail in compliance with the RYA Racing Charter.

I/We certify that the particulars of my/our boat, as stated on this form, are correct.

I/We accept that neither the Royal Solent Yacht Club nor its representatives shall bear any responsibility for any loss, damage, death or personal injury howsoever caused to any boat, skipper or crew. I/We confirm that I/we hold third party indemnity insurance with a minimum cover of £2,000,000. I/We warrant the suitability of the boat for races and accept full responsibility for the sea-worthiness and safe navigation of the boat, the competence of the crew and for deciding whether to start, continue or retire from any race.

I/We accept that any inspection of the boat does not in any way limit my/our absolute responsibility in these respects.

I/We undertake to draw these matters to the attention of all members of the crew before the start of each and every race.

I/We enclose my/our cheque in respect of the Entry Fee of £30.00 for 4 days sailing prior to 1<sup>st</sup> August or £40.00 after 1<sup>st</sup> August or £15.00 for 1 day's sailing. Cheques should be made out to RSYC.

### **Details of Boat**

Boat Name: \_\_\_\_\_ Type: \_\_\_\_\_ Sail No: \_\_\_\_\_

Hull Colour: \_\_\_\_\_ Sail Colour: \_\_\_\_\_ Sail Type: \_\_\_\_\_

Owner/Helm: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Crew: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **For and on behalf of the Owner (s)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parents or legal guardians must sign this form and complete both a Medical Consent and Parental Consent form for any entrant under the age of 18 on Tuesday 16<sup>th</sup> August 2016.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_