

EMERGENCY CONTACT & HEALTH INFORMATION

EUROPEAN OPEN TEAM RACING CHAMPIONSHIPS and SICILY GRAND PRIX

13th to 19th May 2013 - Mondello, Palermo, Sicily, Italy



Competitor Name

Sail #

Date of Birth

Name of Responsible Adult

Contact number at this event

Emergency Contact Name

Relationship

Home Address

Home Phone

Mobile or Cell Phone

E-mail

Authorisation

I, the parent / guardian have legal custody of the minor. I hereby authorise the responsible adult to act as my nominated person at the championship. I agree that this authorisation shall remain in effect for the duration of the minor's participation in the championship and related activities and shall not be revoked before the end of the championship.

Non-Liability of the club and the class

I agree that in no event will the club or the class, their parent companies, affiliates, or the partners, owners, directors, officers, employees, agents and committee persons have any liability whatsoever arising from or in connection with any action or non-action of the responsible adult.

Terms of Entry

I, the parent / guardian understand and agree to the terms of entry as detailed in the Notice of Race and sailing instructions and confirm that the "Agreement" in form 1 shall be binding on him/her. I further confirm that the responsible adult will accompany the minor for the duration of the championship.

Agreement

By submitting this form I certify that I have carefully read, understand and agree to the above agreement and non-liability statement.

Medical Information

Name of Doctor/Physician

**Medical Centre Name and
Address**

Phone Number

Important Medical History

Medication

Allergies

Further Information

Date of last anti-tetanus

Consent

I hereby authorise the responsible adult named above to give permission for my child to receive any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present, as defined in the Notice of Race & Sailing Instructions for the Championship.

Parent/Guardian Name

Medical Insurance Company

Policy #

Value

Allows Repatriation by special air taxi	Yes
	No

Please complete, print and take with you to event registration