

# SOLWAY YACHT CLUB LAKES AND BORDERS GRAND PRIX FOR ILCA DINGHIES, AUGUST 23<sup>rd</sup> 2025 NOTICE OF RACE





## Saturday Lakes and Borders Grand Prix for ILCA Dinghies on Saturday 23<sup>rd</sup> August

Racing will take place alongside Club handicap racing for the Summer Long Race. It is hoped to hold 3 races from a committee boat positioned in the northern half of Rough Firth.

Solway Yacht Club, The Clubhouse, Kippford, Dalbeattie, Dumfries and Galloway DG5 4LL

Tel: 01556 620312 www.thesyc.com **Formatted:** Font: 20 pt, Bold, Font color: Text 2 **Formatted:** Font: 20 pt, Bold, Font color: Text 2

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#### WELCOME

Solway Yacht Club invites you to join us for a weekend of good sailing in a setting of outstanding natural beauty.

The sailing area (see chart below) is in a scenic estuary entering the Solway Firth. The estuary gives competitors the exciting experience of sea sailing but in an area sheltered from the strongest winds. Tides and currents add to the mix.

The large and comfortable clubhouse is in an elevated position with views over to Glen Isle. The Club site has a large boat park and offers excellent launching from pontoons and slipway. Because of the tides, timings are crucial and racing is run to a tight schedule.

The following day, Sunday  $24^{th}$  August, the Club plans to hold its annual Palnackie Pursuit Race – a unique pursuit race up-river from the pontoon around a mark upstream at Palnackie. Visiting ILCA sailors who wish to participate in this event will be very welcome. There will be no entry fee for this event.

#### **ACCOMMODATION & PARKING**

There are many hotels and boarding houses within easy walking or motoring distance as well as caravan, camping and holiday chalets nearby, but early reservations are advised. There will be parking for up to 4 Campervans at the Clubhouse Application for these spaces should be made to the Sailing Secretary (e-mail below).

There is limited car parking space at the club site and the public car park. Please respect local businesses' interests. For the safety of competitors and spectators, vehicles may not be driven onto the pier area and boat park other than to drop off or collect boats.

#### **CATERING & BAR**

Soup and filled rolls will be available in the clubhouse after sailing. The prizegiving will be held as soon as possible after the end of the racing.

#### **HOW TO FIND US**

Kippford lies to the south of Dalbeattie along the A710. From the west, follow the A745 and then the A711 From Castle Douglas to the boundary of Dalbeattie. From the north or east, follow the A711 from Dumfries until the traffic lights at the far end of Dalbeattie. For both, now take the A710, which is signposted "Solway Coast". Follow this road for around 3 miles and then turn right at a sign for Kippford. The Clubhouse entrance roadway is just before the entrance to a public car park at the foot of the hill on the left and the boat park is on the right just round a sharp left-hand corner.



#### CONDITIONS

1. The meeting will be open to all ILCAs as per the Lakeland and Border Grand Prix protocols. It is particularly hoped that youth sailors will join our young fleet sailing ILCA4s or 6s.

- 2. The racing will be governed by the Racing Rules of Sailing (RRS) 2025 2028 and the event Sailing Instructions. The Advisory Hearing and RYA Arbitration of the RYA Rules Disputes procedures shall apply (for information on the procedures, go to <a href="www.rya.org.uk/go/rules">www.rya.org.uk/go/rules</a>). The outcome of an RYA Arbitration can be referred to a protest committee, but an arbitration cannot be reopened or appealed.
- 3. The entrant will be deemed to be the helmsman named on the entry form.
- 4. Changes of boat must be notified in writing and will require the approval of the Principal Race Officer or Club Sailing Secretary prior to the commencement of the series.
- 5. Personal buoyancy must be worn by all competitors. Boat buoyancy may be subject to scrutiny. A suitable painter or tow rope of at least 5 metres must be carried on all boats to facilitate towing and rescue.
- 6. Depending on the size of the entry, a tally system will probably be used to ensure all competitors return safely after racing. If used, all competitors are obliged to use it and to cooperate fully with its requirements.
- 7. Visitors and competitors are asked to respect the local amenities and residents during their stay at Kippford. Dogs should be kept on a leash at all times on the Club premises and pier.
- 8. All entries must be made via Webcollect (link from the Club website). The Medical and Consent form must be completed online. In addition, where the competitor is under 18, a paper copy must be completed, signed by the parent or guardian and delivered to the Club Race Office prior to the Briefing on the Saturday morning. (See also "Entry Deadline and Fees" below.)

Anyone having difficulty using Webcollect may post a paper copy of the entry form (see below after Sailing Area) to: John Broadbent, Bendouran, Colvend, Dalbeaattie. DG5 4QD, with a cheque entry fee, **posted 1**st Class by Monday 18th August so the latter can complete the Webcollect entry on their behalf by the entry deadline date.

Any alterations to these conditions or other details of this entry form shall be at the sole discretion of the Commodore and Race Committee of Solway Yacht Club.

#### RACING PROGRAMME

| Day      | Date        | Reception | Briefing | Warning Signal<br>1 <sup>st</sup> Race <sup>x</sup> | HW*   | Height |
|----------|-------------|-----------|----------|---|-------|--------|
| Saturday | 23rd August | 10.00     | 10.30    | 11.30   | 13.00 | 7.9    |

<sup>\*</sup> Note the Warning Signal time differs from that given in SYC's 2025 Handbook.

It is hoped to run 3 races, with a Committee Boat start inshore of Rough Island, but conditions may not make this possible and I is possible the Club Start Hut may be used. Subsequent races will start as soon as practicable after the end of the previous race.

#### PRIZES

 $At the \ discretion \ of \ SYC \ and \ dependent \ on \ numbers, \ prizes \ may \ be \ awarded \ to \ the \ leading \ boats \ in \ each \ ILCA \ fleet.$ 

Commented [SM1]: Numbering format requires edited

<sup>\*</sup>Estimated time; actual HW time can vary dependent on prevailing conditions.

#### **ENTRY DEADLINE AND FEES**

As already mentioned in Condition 8 above, all entries must be made via Webcollect. They must be received by **2000 on Friday 22nd August** using the Link: <a href="https://webcollect.org.uk/syc">https://webcollect.org.uk/syc</a> and fees paid via Paypal or Bank Transfer, or by cash or cheque (payable to Solway Yacht Club) at the Briefing which will be at **10.30** on Saturday 23<sup>d</sup> August.

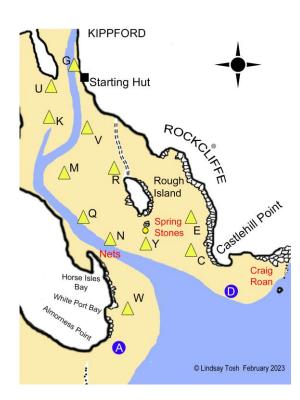
Late entries on the day will be accepted with an extra £5 cash donation to the RNLI.

Printed SIs and waterproof Course Cards will be made available at the Briefing.

Fees: £25, including £1 Class Association levy. Under 18s: £10, including £1 Class Association levy.

Telephone or e-mail queries and help using Webcollect, if needed, will be available up to 20<sup>th</sup> August from John Broadbent, Sailing Secretary, on 01556 630424 or <a href="mailto:sailingsec@thesyc.co.uk">sailingsec@thesyc.co.uk</a>.

#### SAILING AREA



 $\textbf{Note:} \ \text{The main channel now runs SW from G, past K, instead of taking the curved route shown above.}$ 

#### SOLWAY YACHT CLUB

#### AUGUST 23rd ILCA OPEN MEETING 2025

#### ENTRY FORM IF USING PAPER ENTRY - SEE CONDITION 8 ABOVE

| Helm's First Name Helm's Surname   |  |  |
|--|--|--|
| Date of Birth/* * if under 18  |  |  |
| Class: Sail No   | Club   |  |
| (Please state ILCA 4, ILCA 6 or ILCA 7)  |  |  |
| Laser Sailor Category (ie Grand Master, Youth, etc)  |  |  |
| Boat Insurance Company and Policy No   |  |  |
| Home Address   |  |  |
| Postcode   |  |  |
| Tel  |  |  |
| e-mail   |  |  |
|  |  | ٦  |
| If necessary, would you be prepared to serve on a protest  | st committee?  |  |
| Have you been to Solway Yacht Club before?   | YES NO   |  |
| If not, how did you find out about the event? :  |  |  |
| I agree that Solway Yacht Club accept no liability for dama crew, or other personal belongings ashore, however arisin boat and possessions whether afloat or ashore and I confiminimum amount of £3,000,000. I declare that I am an ar RYA or a personal member of the RYA. I certify that the both ave been officially certified, where necessary in accordar Rules of Sailing and by all other rules that govern this ever | ng. I accept full responsibility for myself, my crew firm that my boat is covered by third party insural mateur member of a Yacht or Sailing Club recognioat has a valid Class Certificate and that the sails the with the class rules. I agree to be bound by the | and my<br>nce for<br>ized by the<br>to be used |
|  | Entry Fee, including Class Levy £1 £ .   |  |
| Signed   |  |  |
| Date/2025  | Adult £25 Under 18 £10   |  |
|  |  |  |

### SOLWAY YACHT CLUB MEDICAL AND CONSENT FORM

#### Data Protection

Under the General Data Protection Regulations, Solway Yacht Club will collect and retain the data on this entry form as follows:

- The data will be collected in accordance with the club's Data Privacy Policy (copy on request)
- The bases of processing these data will be either Contract or Legitimate Interest as per the policy with the exception of photography and medical data, for which consent is sought below.
- The data will be collected and securely retained by the Sailing Secretary.
- The data will be used to facilitate the event that you are applying to enter.
- The data may be disseminated as required to any or all of: race officials, results coordinators, instructors and coaches, Cadet Officer,
  Piermaster/beachmaster, safety crews and those providing catering. Results may be publicised in the media, on the club website and in
  club publications such as the handbook.
- The data will be retained only for as long as is required to facilitate the event except that name and contact details may be retained for one year approximately to publicise the following year's event. Qualifications obtained at a training event will be retained to enable further training.

#### Medical

Do you or your child under 18 have any allergies, ailments, illnesses or conditions that need to be taken into consideration if injured or taken ill while on the water or in club premises. If none exist please leave blank. It is your responsibility to make known any potential medical conditions that may affect your/your child's own personal safety during activities associated with sailing or, if consent is not given to collect and process relevant medical data, to make alternative arrangements to safeguard yourself or your child under 18.

| If the entrant is under 18, are any of the conditions you have answered yes to above not known to the child? Please advise.  |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Is there anything else we should be aware of?  |   |  |  |  |  |  |  |
| Declaration: I consider myself or my child under 18 physically fit to  | take part in this event/course.   |  |  |  |  |  |  |
| Do you consent to these medical data being collected and retained  | as noted under Data Protection above? Please tick. YES NO   |  |  |  |  |  |  |
| Signed:  | Date:/2025  |  |  |  |  |  |  |
| Photography  |   |  |  |  |  |  |  |
| From time to time, still and video photography may be taken for promotional and training purposes. Where you or your child under 18 can be identified, do you give consent to the images being used for these purposes? Please tick. |   |  |  |  |  |  |  |
| Signed:  | Date:/  |  |  |  |  |  |  |
| Parental / Guardian Consent Form for Entrants under the Age  | of 18:  |  |  |  |  |  |  |
| I, the parent / guardian of  | give permission for them to participate in the above event as noted above.  |  |  |  |  |  |  |
| I have completed the medical form above for any relevant condition   | ıs.   |  |  |  |  |  |  |
| relevant treatment or activities to the above named person, when /   | hay or may not be participating in activities during the event to administer any if necessary. In addition, if the case arises, I authorise the club to take the above ment required to be carried out in accordance with the hospital's diagnosis. I ital visit and any treatment given by the hospital. |  |  |  |  |  |  |
| Parent / guardian's consent:   | (signature)   |  |  |  |  |  |  |
| Name:  | (please print)  |  |  |  |  |  |  |
| Relationship to the above:   |   |  |  |  |  |  |  |
| Francisco Control Number   | (for the distribution the county)   |  |  |  |  |  |  |