

# PAPER ENTRY FORM FOR THOSE HAVING DIFFICULTY WITH WEBCOLLECT

Please use BLOCK CAPS for clarity

Helm's First Name \_\_\_\_\_ Helm's Surname \_\_\_\_\_ If under 18, D of B \_\_\_/\_\_\_/\_\_\_

Crew's Name(s) (with D of B if under 18) \_\_\_\_\_

Helm's Club or RYA Membership no. \_\_\_\_\_

Helm's Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel \_\_\_\_\_ Email \_\_\_\_\_

Boat Class \_\_\_\_\_ Sail No \_\_\_\_\_

(Please be precise e.g. Laser Radial, RS Feva XL)

Boat Insurance Company and Policy No. \_\_\_\_\_

Please list the name(s) of your party if additional people will wish to use the club's facilities, with ages if under 18.

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

If necessary, would you be prepared to serve on a protest committee? Yes/No

I agree that Solway Yacht Club accept no liability for damage or injury to, or caused by my boat, her equipment or crew, or other personal belongings ashore, however arising. I accept full responsibility for myself, my crew and my boat and possessions whether afloat or ashore and I confirm that my boat is covered by third party insurance for a minimum amount of £3,000,000. I declare that I am an amateur member of a Yacht or Sailing Club recognised by the RYA or a personal member of the RYA. I certify that the boat has a valid Class Certificate and that the sails to be used have been officially certified, where necessary, in accordance with the class rules. I agree to be bound by the Racing Rules of Sailing and by all other rules that govern this event

Signed \_\_\_\_\_

Date \_\_\_/\_\_\_/2022

Event prices – See above	£ _____.
Kippford Week and Regatta	<input type="checkbox"/>
Kippford Week only	<input type="checkbox"/>
Regatta only	<input type="checkbox"/>

## RNLI Regatta (all entry fees go to RNLI Kippford)

Crewed £20	Club Members £20	Helms who competed in Cadet Week 2024 £10
Single-handed £20	Club Members £20	Helms who competed in Cadet Week 2024 £10

## Kippford Week – or part of week

Crewed £100	Club Members £85	Helms who competed in Cadet Week 2024 £40
Single-handed £85	Club Members £70	Helms who competed in Cadet Week 2024 £35

**Late entries** – An additional £10 which will be donated to the RNLI

# 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: \_\_\_\_/\_\_\_\_/2024

### 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.

 YES NO

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2024

### 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 conditions.

I give permission to the qualified first aid/medical personnel, who may or may not be participating in activities during the event to administer any relevant treatment or activities to the above named person, when / if necessary. In addition, if the case arises, I authorise the club to take the above named person to a hospital and give full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.

Parent / guardian's consent: \_\_\_\_\_ (signature) Date: \_\_\_\_/\_\_\_\_/2024

Name: \_\_\_\_\_ (please print)

Relationship to the above: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_ (for use during the event)