



**Sprint 15 National Championships**  
**organised by the Thorpe Bay Yacht Club and the Sprint 15 Class Association**  
**16 - 18 August 2008**

**ENTRY FORM**

Sail No ..... Sailing Mode: 1 up / 2 up\*  
Name of Helm ..... Name of Crew .....  
Helms address .....  
..... Post Code .....  
Tel. No. .... Sailing Club .....  
Helms Weight > 95Kg (14stone 13 lb) Y / N \* Helms Age > 50? Y / N\*  
Helms Age <19?\* Y / N\* Helms Age > 60? Y / N\*  
Extra Tickets for Sunday Evening Dinner# . . . . . (please specify if Adult/ Child/Veggie)  
Entry Fee £90/£75\* ♦ Please indicate if camping at the club.....Y / N\*  
I plan to attend the Fun Events 19-21 Aug Y/N\* Please reserve .....places® for Go-Karting on 19 Aug

\* Delete as appropriate. Postal entries are discounted by £15 if received by 14 July.  
♦ **ENTRY IS FREE IF YOU ARE UNDER 23 AND IN FULL TIME EDUCATION.**  
Completed entry forms should be sent together with a cheque for £75 made payable to 'The Sprint 15 Association' to **Bob Carter, 13 The Brambles, Stevenage, Herts, SG1 4AU.**

The entry fee at the event is £90 made payable to 'The Sprint 15 Association'. #The entry fee includes the fun sailing and one ticket for the Sunday Evening dinner. Additional dinner tickets can be ordered with your pre-entry for £15/head & children under 12 £8/head.

® For Go-Karting please pay £15 deposit/place (the balance of £15 to be paid at the event). You must be 17 or older.

The entry fee for the fun sailing 19-21 Aug is £15 for those sailors who do not enter the National Championships

\* A Parental Consent form (available at the event) will be required for helms who are under 18 years.

I agree to be bound by the ISAF, RYA Rules, the Sprint 15 Association Rules and the Sailing Instructions. I am a fully paid up member of the Sprint 15 Association. I agree that I and my crew will wear adequate personal buoyancy at all times when afloat (I understand that wet suits and dry suits are not deemed to be adequate personal buoyancy), and I understand that failure to do so will lead to disqualification. In particular, I have read the section headed 'Competitor Responsibilities' of the Notice of Race and confirm that I agree to its provisions and that my boat will conform to its requirements throughout the event.

I hold valid insurance cover for a **minimum of £2M** in any one accident. I agree to be bound by the Rules of the Thorpe Bay Yacht Club as if I were a member and to abide by those rules.

SIGNED ..... Date .....

**FOR RACE OFFICE USE ONLY**

Entry Fee. .... Cash/Cheque. ....  
Class Association Membership Y / N\* Entered on Computer .....

**Thorpe Bay Yacht Club**  
**Sprint National Championships & Fun Events**  
**August 16<sup>th</sup> – 21<sup>st</sup> 2008**

**PARENT/GUARDIAN CONSENT AND DECLARATION FORM**

Sail Number .....

Competitor .....

Parent/guardian Declarations (required for all helms and crews who are under 18 years of age):

**Consent:**

- *I/we give permission for my/our child (the competitor named above) to take part in the Sprint National Championships and confirm that he/she can swim.*
- *I/we understand that in the event of personal injury or other loss, howsoever caused, the responsibility will lie with me/us and not with Thorpe Bay Yacht Club, the UK Sprint 15 Association, or personnel assisting with the event.*
- *I/we note that photographs may be taken during the event, both on and off the water, and I/we consent to these being published in Class publications and/or on the Class/Club website and those of any authorised photographers.*

*During the event (tick one box):*

- I/we will be responsible for my/our child throughout the event, and during the time my/our child is afloat I/we will be available at the event venue.*
- I/we appoint the person named below, who has agreed to act in loco parentis. He/she will be responsible for my/our child throughout the event. During the time my/our child is afloat he/she will be available at the event venue.*

Name of Parent/Guardian .....

Home address .....

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Home phone no. .....

Mobile no. .....

Health Details: Family Doctor.....

Telephone.....

Details of any medical conditions or allergies.....

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Person acting in loco parentis .....

(if applicable) .....

Mobile no. .....

Signature of parent/guardian .....

**This Form should be fully completed, signed and returned with the Entry Form**