



# Parent/Guardian Consent Form

## NSSA Single Handed Team Racing Championship

Burton Sailing Club, Repton Road, Derby, DE65 6EG

Saturday 28<sup>th</sup> and Sunday 29<sup>th</sup> September 2024

This form must be completed for all competitors and signed by the Parent/Guardian of the young person and NOT their Team Manager

Name of Team			
Name of Competitor		DOB	
Address			
Mobile No		NSSA Membership No	
Medical Information	Please identify all medical conditions, or medication being taken, which organisers should be aware of. If None, please state NONE. Continue overleaf if more space is required.		

I consent to photos or videos being taken during the event and waive any rights to payment for such images.	YES	NO
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### SUPERVISION

I appoint the person named below, who will act in loco parentis for my dependant. He/she will be responsible for my dependant throughout the event, and during the time that my dependant is afloat, he/she will be available at the event venue.

Name of Person in Loco Parentis	
Contact Mobile Number	

### ACCEPTANCE OF THE RULES AND BEHAVIOUR DURING THE EVENT

By allowing my dependant to participate in this event, I, the parent/guardian of the competitor named above agree and acknowledge that:

- My dependant is bound by the rules of the event, including the Notice of Race, Sailing Instructions and Racing Rules of Sailing (RRS).
- I am aware of the RYA Prescription to RRS Rule 3 and that my dependant may be penalised under the RRS for any misconduct on the part of my dependant's support persons.
- If my dependant behaves in a manner that is considered unacceptable by the organisers, including the consumption of alcohol or drugs at any time, I understand that I will be asked to collect my dependant within 12 hours from the venue listed above, and will not have entry or accommodation fees refunded.
- I have read and am aware of the Risk Statement included in the Notice of Race.

### MEDICAL TREATMENT

If it becomes necessary for my dependant to receive medical treatment and the organisers are unsuccessful in contacting me, I hereby give my consent to any necessary medical treatment, and authorise the person appointed in loco parentis to sign any document required by the medical authorities. I confirm that my dependant is medically fit to take part in the event and any supporting activities on the above dates. I have listed above and medical conditions for my dependant that the organisers should be aware of.

Name of Parent / Guardian			
Parent / Guardian Telephone Numbers	Mobile		Home
Signature of Parent / Guardian			