



# Parent/Guardian Consent Form

## NSSA Two Boat Team Racing Championships

Chew Valley Lake Sailing Club , Chew Stoke, Bristol

Saturday 22nd and Sunday 23rd Match 2025

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

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

|  |            |           |
|--|------------|-----------|
| <b>I consent to photos or videos being taken during the event and waive any rights to payment for such images.</b> | <b>YES</b> | <b>NO</b> |
|--|------------|-----------|

### 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.

|  |  |
|--|--|
| <b>Name of Person in Loco Parentis</b> |  |
| <b>Contact Mobile Number</b>           |  |

### 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: a) My dependant is bound by the rules of the event, including the Notice of Race, Sailing Instructions and Racing Rules of Sailing (RRS). b) 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. c) 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. d) 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.

|  |               |  |             |  |
|--|---------------|--|-------------|--|
| <b>Name of Parent / Guardian</b>           |               |  |             |  |
| <b>Parent / Guardian Telephone Numbers</b> | <b>Mobile</b> |  | <b>Home</b> |  |
| <b>Signature of Parent / Guardian</b>      |               |  |             |  |

