



BOAT & SAILORS REGISTRATION FORM

46th All Ireland Inter-Schools Sailing Event

Saturday 5th & Sunday 6th October 2024

Check-in (SAILING CAPTAINS) from 10:00am on Saturday

SCHOOL:

SCHOOL SAILING CAPTAIN:

HELM'S NAME:.....AGE BOAT TYPE.....

HELM'S CLUB: SAIL NUMBER.....

CREW'S NAME.....AGE..... RIG (Laser Class only).....

I/We agree to be bound by the Racing Rules of Sailing, the prescriptions of the ISA, the Sailing Instructions and by all other rules that govern this event. I/We certify that valid insurance cover is in place for this boat including Third Party liability of at least €1,000,000.

Acknowledgement of risk to competitors: I/We, the undersigned, are fully aware and conscious of the actual and potential risks involved in active water sports, including drowning, hypothermia and other physical injuries. We accept that, by engaging in active water sports, our physical safety could be endangered. We are also aware that other competitors' actions, and the actions or inactions of the organisers of water sport events, including the drivers of rescue craft, can also endanger our physical safety. We acknowledge that it is up to us personally to assess whether any event or activity on the water is too difficult for us and to acknowledge that the safety of the boat and our entire management including insurance is our sole responsibility. We are satisfied that the boat and crew are adequate to face the conditions that may arise in the course of the races scheduled.

Personal Data: I/We understand the personal data on this form will be used by the Club for the contractual purpose of registering an entry in the **All Ireland Inter-Schools Sailing Event**. I/We understand that Personal Data will also be used for administrative purposes to maintain event and team administration, registrations, race scoring, results, protests, race reports and for statistical purposes. I/We understand that if I/We do not provide the required Personal Data the entry for this Event cannot be registered with the Club.

Photographic images: I/We understand that photographs taken at the event can be used on the SDC website and in information and publicity materials.

SIGNED: Helm: Crew:

E-mail: E-mail:

Mobile: Mobile:

IF A COMPETITOR IS UNDER 18 YEARS OF AGE, THE SIGNATURE OF PARENT OR GUARDIAN IS ALSO REQUIRED:

Parent or guardian of Helm:

Parent or guardian of Crew:

NAME:.....

NAME:

Mobile No.:.....

Mobile No.:.....

Signature:.....

Signature:.....

**Return completed form to INTER-SCHOOLS - Sutton Dinghy Club, Strand Road,
Sutton, Dublin 13,
Sutton Dinghy Club contact: Tel: 01 839 3135 Email: info@sdc.ie
Website: www.sdc.ie**