

FELIXSTOWE FERRY SAILING CLUB

Felixstowe Ferry Sailing Club, The Ferry, Felixstowe, Suffolk, IP11 9RZ Tel: 07711363888 Web: ffsc.co.uk Email: sailing@ffsc.co.uk

FFSC Squib East Coast Championships 2023

Please complete this form and return it to Felixstowe Ferry Sailing Club via the address above, marking the envelope "Squibs". Entry fee to be paid on the day. For under 18's this form must be completed and signed by a parent or guardian.

ENIRY DETAILS (BLOCK LETTERS PLEASE)				
Class	Sail No			
COMPETITORS (BLOCK LETTERS PLEASE)				
Helms Name	Age	Gender		
Crews Name	Age	Gender		
Phone	Email			
Sailing Club Intended Arrival Date – No Boats will be launched after 09.00 on Saturday 27th				
EmergencyContact	Emergency Contact Number			
Friday – Galley & Bar Open, Fish & Chips – Please indicate whether you wish to reserve. Payable at the galley. Not included in the entry fee. Saturday – Meal together in the clubhouse. 2 Course meal @£18 per head. This is not included in the entry fee and is to be paid on the night to the galley. Friday – Fish & Chips – Number Required: Saturday – 2 Course Meal – Number required:				

Competitors are bound by the ISAF Racing Rules of Sailing, RYA Prescriptions and Event Sailing Instructions. Note that Felixstowe Ferry Sailing Club endorses the RYA Racing Charter .			

Safety Afloat

I/we agree that the helm (and crew) will wear personal buoyancy in accordance to class rules and understand that failure to do so will lead to DISQUALIFICATION. I/we hold valid insurance cover for a MINIMUM of £3 million in any one incident. I/we hold and agree to produce a valid measurement certificate in order to qualify as a competitor if required.

Consent for use of images

The Club may arrange for photographs or videos to be taken at the Event and published on the Club website or social media channels to promote the Event or the Club. Please be aware that if you later decide to withdraw your consent to the use of photos it will not be possible to remove your image from any printed material in circulation, or until the next edition or print of the item containing your image is released. By agreeing to your images being used, you grant to the organisers without payment the right to make, use and show any motion pictures, still pictures and live, taped or filmed television of or relating to the event.

If you DO NOT agree to the use of your image on this basis please tick the box []

Medical conditions

Please ensure that any relevant medical conditions are notified (in a sealed envelope labelled with your name and boat details. This will only be opened if circumstances make it necessary.)

Data Privacy Policy

FOR OFFICE USE

AMOUNT PAID [

[] Cash [] Cheque [] Card [] Entered in SailWave

The club has a Data Privacy Policy which can be found at www.ffsc.co.uk. Your data will be stored and used in accordance with that policy.

DECLARATION I declare that I am fit to carry out the intended activity, all medical conditions we need to be aware of for safe operation of the activity/course are declared and all information on this medical and enrolment form is true and I have not withheld any relevant information.				
				Signed
PARENTAL DECLARATION (UNDER 18S)				
Parents and guardians (or nominated person): in signing for a participant who is under 18 years of age, you endorse the following information:				
"I wish the above named participant(s) to be allowed to take part in the above activity/course and consent to her/him taking part in all activities. I have ensured his/her willingness to participate in all aspects of the activity/course. In the event of an emergency, I give permission for any medical treatment deemed necessary to ensure the well-being of the participant."				
Signed	Print Name	Date		

NUMBER OF MEALS REQUIRED [

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