



WATERFORD HARBOUR SAILING CLUB

**Consent for a minor's participation in Sailing Events**

**420 Class Natioal Championships 2020**

**To be completed by the parent / guardian of all entrants under 18 years of age.**

**Name of Sailor (the Minor)** ..... **Date of Birth** .....

**Name of the responsible adult attending event** .....

**Mobile phone number of responsible adult** .....

**Name of Parent/ Guardian** .....

**Address:** .....

.....

**Tel (day):** .....

**Tel (evening):** .....

**Mobile:** .....

**e-mail:** .....

**Family Doctor** ..... **Doctor's Tel No** .....

Does your child suffer from any medical conditions/allergies that the club should be aware of  
(including any current medication)

.....

.....

Please provide details of medication that must be administered:

.....

**Emergency contact details:** (If different from above)

**Name:** .....

**Telephone no:** .....

**Relationship to child:** .....

**CONSENT** (please read carefully)

**Agreement**

I, the parent / guardian have legal custody of the minor. I hereby authorise the responsible adult to act as my nominated person at the championship and coaching. I agree that this authorisation shall remain in effect for the duration of the minor's participation in the championship and related activities and shall not be revoked before the end of the championship.

**Non-Liability of the club and the class**

I agree that in no event will the club or the class, their affiliates, or the officers, employees, agents and committee persons have any liability whatsoever arising from or in connection with any action or non-action of the responsible adult . I understand that the Club or Organisers accept no responsibility for loss, damage or injury caused by or during attendance on any of the clubs organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the Club or the Organisers. I, the parent / guardian understand and agree to the terms of entry as detailed in the Notice of Race and confirm that the responsible adult will accompany the minor for the duration of the coaching and championship. I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above.

Signed ..... (Parent/ Guardian) Date: .....