



INTERNATIONAL RS FEVA CLASS ASSOCIATION

Event Sailor/ Parent / Guardian Consent and Medical Form CONFIDENTIAL

Event Name	
Competitor Name:	
Date of Birth:	
Sail Number	
Nationality	
Sailing Club, School or Training Centre	
Next of Kin/Emergency Contact During Event	
Relationship to competitor	
Emergency Contact Details <u>During Event: Telephone Number</u>	

Competitor Declaration

I agree to be bound by the rules as defined in the Racing Rules of Sailing, and all other rules that govern this event. I confirm that I have read the Notice of Race and accept its provisions, in particular the Risk Statement therein. I confirm that throughout the event my boat will have current and valid third party insurance of at least £3m per incident or equivalent. I acknowledge and agree that I am responsible under Rule 3.2 for ensuring that any support persons connected to me during this event will comply with the rules.

Guardian Declaration – *To be signed by the supervising adult for the duration of the event*

As a parent/ guardian to the named competitor during the named Championships, I acknowledge and agree that it is my responsibility to ensure compliance by the named competitor with all rules that govern this event. I confirm that I will read the Notice of Race and accept its provisions, in particular the Risk Statement therein. In the case of competitors sailing a privately owned RS Feva I confirm that throughout the event the boat sailed by my dependent will have current and valid third party insurance of at least £3m per incident or equivalent. I confirm that my dependent is competent to take part. I will be responsible for my dependent throughout the event, and during the time he/she is afloat I will be available at the event venue, or I will inform the Race Office in writing of the person who is acting in loco parentis. I further acknowledge that I will be treated as a support person under RRS Rule 3.2 and that I must myself comply with all rules which govern this event.



Competitor Name	
Competitor Sail Number	
Competitor Nationality	

Medical Conditions

It is your responsibility to make known any serious medical conditions that may affect the named competitor during the event. If it is necessary for the safety and event team to be made aware of a medical condition that could affect a competitor while taking part in the event we ask that you please provide as many details as possible in writing, this will be handed in at registration. The details should be in a sealed envelope with the sailors name and sail number along with the emergency contact number for the adult responsible for that competitor during the event and VHF call sign should you have one clearly printed on the front of the envelope. You may also be required to talk directly to the safety leader for that event. This confidential information will only be shared with Safety and if appropriate Race Management team. Please be advised that the Safety Team, Race Management Team and RS Feva Class Association take no responsibility for treatment of any conditions, in case of **any** emergency the appropriate steps will be taken to call emergency services in the first instance and then the emergency contact.

Consent for the use of photography, video and live streaming

The International RS Feva Class Association will not arrange for photographs, video or other images as well as live streaming to be taken without the consent of the Parents/ Guardians and children.

The International RS Feva Association will take all steps to ensure that images are used solely for the purposes for which they are intended. If you become aware that images are being used inappropriately you should inform the RS Feva Class Secretary or a member of the RS Feva Committee immediately.

I agree that the International RS Feva Class Association may use photographs, videos, images, live streaming to be used for marketing and publicity activities that the class association deems appropriate

Yes I consent

No I do not consent

Signed (Parent/Guardian during the event)	
Print Name:	
Date Signed:	
Signed (Sailor/Competitor)	
Print Name	
Date Signed:	
Confirm Emergency Contact Number (During event)	