

**ENTRY FORM**

**Schoelcher Sailing week 10th to 13th February 2024 Organising authority : Cercle Nautique de Schoelcher**

|  |  |  |
| --- | --- | --- |
| **Identity** | **Skipper** | **Crew** |
| Name |  |  |
| Surname |  |  |
| DATE of Birth |  |  |
| ADDRESS |  |  |
| PHONE NUMBER |  |  |
| EMAIL |  |  |
| National Letter and Sail Number |  |  |
| Country |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Optimist Benjamin |  | Sunfish |  |  |  |
| Optimist Minime |  | Bic 293 |  |  |  |
| ILCA 4 |  | Interserie Catamaran |  |  |
| ILCA 6 |  | I Q Foil |  |  | Rating |  |
| ILCA 7 |  | Windfoil |  |  |

|  |  |  |
| --- | --- | --- |
| **PARENTAL****PERMISION*****(for minors)***Signature followed by father, mother, or tutor | **HELMSAN** | **MEMBER of TEAM**  |
| I allow my son / my daughter to take part to the contest indicated here and free the organizing committee from any responsibility concerning risks coming with his / her participation**Write “Read and approved”****Date**…………………………….. …………… **Signature** | I allow my son / my daughter to take part to the contest indicated here and free the organizing committee from any responsibility concerning risks coming with his / her participation**Write “Read and approved”****Date**…………………………….. …………… **Signature** |

**THIS FORM MUST BE SIGNED**

I agree to be bound by ISAF Rules, the Sailing Instructions and Class Rules. I understand that the organizing committee accept no responsibility of loss of life, personal injury, or damage to way vessel or equipment. I hold and will produce a valid insurance certificate. My

crew members are aware of these undertakings.

 **Date** :…………………………………….. ………………**Signature** :………………