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|  | *ENTRY FORM* |

**SAILING WEEK OF SCHOELCHER March 01 to 04, 2025**

**ORGANIZING AUTHORITHY** : CERCLE NAUTIQUE DE SCHOELCHER

**PLACE**: SCHOELCHER

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| **IDENTITY** | **SAILOR** | **MEMBER of CREW** |
| SURNAME |  |  |
| NAME |  |  |
| DATE of BIRTH |  |  |
| ADDRESS |  |  |
| PHONE NUMBER |  |  |
| EMAIL |  |  |
| NATIONAL LETTER  and SAIL NUMBER |  |  |

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| --- |
|  |
| Optimist Benjamin | |  | WINGFOIL |  |  |  | |
| Optimist Minime | |  | WINDFOIL |  |  |
| ILCA 7 | |  | Bic 293 |  |  |
| ILCA 6 | |  | Catamaran F18 |  |  | Rating |  |
| ILCA 4 | |  | SURPRISE |  |
|  | |  |  |  |

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| --- | --- | --- |
| **PARENTAL**  **PERMISION**  ***(for minors)***  Signature followed by father, mother, or tutor | **SAILOR** | **MEMBER of CREW** |
| I allow my son / my daugther to take part to the contest indicated here and free the organizing commitee from any responsability concerning risks coming with his / her participation  **Write “Read and approved”**  First name and Name...................................................  **…………………………………………………………………………………………………………………………………………………………… ;**  **Date**…………………………….. …………… **Signeture** | I allow my son / my daugther to take part to the contest indicated here and free the organizing commitee from any responsability concerning risks coming with his / her participation  **Write “Read and approved”**  First name and Name................................................  **…………………………………………………………………………………………………………………………………………………….. ;**  **Date**…………………………….. …………… **Signeture** |

**THIS FORM MUST BE SIGNED**

I agree to be bound by ISAF Rules, the Sailing Insctrucitons and Class Rules. I understand that the organizing committee accept no responsabily of loss of life, personnal injury, or damage to any vessel or équipement. I hold and will produce a valid insurance certificate. My crew members are aware of these undertakings.

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