



FreeStyle 2017 Registration Form

All participants have to be Junior or Family members and have a completed medical declaration/ consent form otherwise entries cannot be accepted. Parents must be on hand to collect and supervise their own children as soon as we return to shore at the given time shown below.

Please can you make sure that your sailor is adequately dressed for each session and has a buoyancy aid. Please provide your sailor with plenty of warm layers, sun-cream and a hat. Also, please ensure your boats and equipment are ready to use and clearly labelled. Before the session starts is NOT a good time to find you are missing something!

We aim to be afloat for up to 1.5 hours each day and cannot bring sailors home early except in emergencies. Please ensure boats are returned to their racks or spaces after each session. The club will be busy during these sessions – please be considerate towards other members when parking and moving boats around the club. In the event of a cancellation or early finish a parent or responsible adult needs to be available for each child. We will endeavour to inform you in advance if our plans have to change. Parents may be needed to help afloat – please let the event leader know (juniorsquad@christchurchsailingclub.co.uk) if you are able to assist.

The cost per session is £3 this needs to be paid in advance. Note: Please pay by cash, cheque (Christchurch Sailing Club Junior Squad) or BACs (HSBC-Sort Code: 401722 Account: 51636766). The session timetable is below:

Day	Date	Start	Finish	Attending
Friday	21-Apr	18:30	20:00	
Friday	5-May	18:30	20:00	
Friday	19-May	18:30	20:00	
Friday	02-Jun	18:30	20:00	
Friday	16-Jun	18:30	20:00	
Friday	30-Jun	18:30	20:00	
Friday	7-Jul	18:30	20:00	
Friday	21-Jul	18:30	20:00	
Friday	4-Aug	18:30	20:00	
Friday	01-Sep	18:00	19:30	

Sailors Name: _____ Date of Birth: _____

Sail Number: _____ Type of Boat: Oppie – Topper – Laser 4.7

It is vital that all junior sailors taking part in Club events recognise that good behaviour is essential for their own safety and the safety of others. If a child’s behaviour is a concern, we will have no alternative but to exclude them from taking part in future Club events.

I the parent/guardian of give permission to the CSC organisers of activities during junior sailing sessions to administer any relevant treatment or medication to the above named participant when or if necessary. In an emergency situation I authorise the organisers to take my son/daughter to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital’s diagnosis. I understand that I shall be notified, ASAP, of the hospital visit and any treatment given by the hospital. I also understand and accept that photographs and video footage may be taken and published in the club magazine, website, Facebook page or on the CSC Junior Squad Facebook Page.

I also accept that good behaviour is a fundamental condition of participating in this event and that the organisers have the right to exclude any sailor not complying with this requirement.

Signed: _____ Date: _____ Email Address: _____

Name: _____ Emergency Contact Number: _____

