



Sonata Racing 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.

These events are open to our older Juniors from age 12 upwards, Buoyancy Aids will be required along with warm and water proof clothing, sun-cream and a hat. The be at the club time is 10am and we will finish late afternoon, therefore plenty of food and drink will be required while on the water.

We aim to be afloat for up to 6 hours each day and cannot bring sailors home early except in emergencies. The club will be busy during these sessions – please be considerate towards other members when parking. 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 £5 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
Saturday	10-June	9:00	16:00	
Saturday	12-Aug	11:30	16:00	

Sailors Name: _____ Date of Birth: _____

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: _____

