



Flying Fifteen National & Classic National Championships 20th – 23rd July 2012

Name		
Address		
		Postcode:
Email address		
Car Registration		

Boat Details		
Sail number		(office use)
Name		Tally no:
Helm's sailing club		Entered Sailwave? Y/N
Name of helm <small>(Forename / Surname)</small>		
Name of crew <small>(Forename / Surname)</small>		
Aggregate Age of helm & crew		

Declaration

- I agree to be bound by the current ISAF RRS, the notice of race, the class association rules and any local navigation by laws as necessary.
- I acknowledge that the Race Organiser, Largs Sailing Club, The Scottish Sailing Institute, The BIFFA, any Officers or persons acting on behalf of the organisers, during the event shall not be held responsible for any loss, damage, death or personal injury arising from participation in this event. This is also valid for vessels involved in security, salvage or towing as well as the persons driving those vessels or having put their vessels at our disposal.
- It is the sole responsibility for each yacht crew (parents/guardians for under 18's) to decide whether or not to start or continue in any race.
- Every owner/crew warrants the suitability of the said boat for the race or races.
- For all under 18's, I agree to fill out and sign the Parental/Guardian Declaration below.
- I agree that adequate insurance is in place to cover my craft for racing activities at least £2 million pounds or equivalent in any other currency.
- I understand that the wearing of medical alert tags, bracelets or other means of notification is useful in certain emergency circumstances and I accept full responsibility for **not** doing so if I have a medical condition that would benefit from such identification or have been advised carry one by a suitably qualified medical person.

Signed	Date:
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Please post completed entry forms and fees to:
 Keith Jamieson, General Secretary
 British Isles Flying Fifteen Association
 4 Lound Street KENDAL,
 Cumbria,
 LA9 7EA ,
 Email :secretary@flying15.org.uk



FEES		
Entry Fee	£135 / Boat	
BIFFA Membership Fee (if required) £35 boat owner/ £20 Non boat owner see NOR for requirements	Add £35.00 or £20 / Entry	
Less early entry discount (entries prior to 7 th July)	Subtract £5 / boat	
Plus late Entry fee (entries after 16 th July)	Add £5 / boat	
Less First Nationals Discount (BIFFA Members only) £17.50 boat owner or £10 per non boat owner	Subtract £17.50 or £10 per Entry	
Please make cheques payable to BIFFA		Total
Account Details for bank transfer: Barclays Bank PLC, North Shields Branch Account No: 50872946 Sort Code: 20-62-09 IBAN: GB30BARC 2062 0950 8729 46 Email confirmation required of if paying by bank transfer		

Parent Guardian Declaration	
<ul style="list-style-type: none"> • I accept responsibility for his/ her conduct while sailing in this event and in or around the club premises including Largs Yacht Haven Marina. • I understand that sailing has its attendant risks and that the organising authority cannot accept responsibility for Youths. • I undertake to ensure that he / she will be suitably clothed while on club premises and whilst sailing. • I understand that my child/ward may be photographed by the club or its agents and the photographs or video used for promotional activity and waive any copyright. • I accept responsibility for the seaworthiness of his / her boat and for its “adequate” insurance against third party claims. This will be at least £2 million or equivalent in any other currency. • I understand the decision to allow the above named to participate in any event or training activity is my sole responsibility. • I declare that the above named can swim 25m with a buoyancy aid. • I undertake for those under 14 yrs, to ensure that a Parent or Guardian will counter sign the on / off or as required by the sailing instructions. • I declare that I have disclosed any medical problems that might affect the above named during the course of the Event. I consent to any emergency medical treatment deemed necessary by first aiders / rescue personnel or ambulance technicians/paramedics during the event • Medical Conditions..... 	
Signed	Date:

Office Use			
Fees received	£	Fees to collect	£
Payment method	Cash/Cheque	Received from (name on cheque)	
Membership Checked	Yes / No	Scrutineering Form Received	Yes / No

