

# PARENT/GUARDIAN CONSENT AND SUPERVISION FORM

## NSSA NATIONAL YOUTH REGATTA

Hosted by Bassenthwaite Sailing Club

Sunday 21st - Saturday 27th July 2024

**This form must be completed for all competitors and signed by the Parent/Guardian of the young person and NOT their representative.**

Name of Team:

Name of Competitor:

NSSA Membership Number:

Medical Information. Please identify all medical conditions, or medication being taken, which organisers should be aware of. If non, please state none: (Continue overleaf if more space is required)

Other Useful Information:

### SUPERVISION (if applicable)

I appoint the person named below, who will act in loco parentis for my dependant. He/she will be responsible for my dependant throughout the event, and during the time that my dependant is afloat, he/she will be available at the event venue.

Name of Person in Loco Parentis:

Contact Mobile Number:

### RISK STATEMENT

Sailing is by its nature an unpredictable sport and therefore inherently involves an element of risk. By allowing my dependent to participate in racing, I, the parent/guardian of the competitor named above agree and acknowledge that:

- a) I am aware of the inherent element of risk involved in the sport and accept responsibility for exposing my dependent to such inherent risks.
- b) I have satisfied myself that my dependent has the necessary skill and knowledge to take part in this event and to deal with conditions that may arise in the course of a race.
- c) The team manager will not allow my dependent to participate in racing whilst under the undue influence of alcohol, drugs or whilst otherwise unfit to participate.
- d) The team manager is responsible for ensuring that the boat is in good order, equipped and insured (including third party insurance of at least £3 million).
- e) The team members are responsible for their own property, whether afloat or ashore;
- f) I accept responsibility for any injury, damage or loss to the extent caused by my own actions or omissions or actions or omissions of my dependent.
- g) The provision of a race management team, safety fleet and other officials and volunteers does not relieve me of my parental/guardianship responsibilities or my dependent of his/her responsibilities.
- h) The provision a safety fleet is limited to such assistance, particularly in extreme weather conditions, as can be practically provided in the circumstances.

### ACCEPTANCE OF THE RULES AND BEHAVIOUR DURING THE EVENT

By allowing my dependent to participate in this event, I, the parent/guardian of the competitor named above agree and acknowledge that:

- a) My dependent is bound by the Notice of Race, Sailing Instructions, BSC regulations, Site Rules and Racing Rules of Sailing (RRS).
- b) I am aware of the RYA Prescription to RRS Rule 3 and that my dependent may be penalised under the RRS for any misconduct on the part of my dependent's support persons.
- c) If my dependent behaves in a manner that is considered unacceptable by the organisers, including the consumption of alcohol or drugs at any time, I understand that I will be asked to collect my dependent within 12 hours from the venue listed above, and will not have entry or accommodation fees refunded.
- d) I consent to the taking of pictures and video during the event and waive any rights to payment for such images.

### MEDICAL TREATMENT

If it becomes necessary for my dependent to receive medical treatment and the organisers are unsuccessful in contacting me, I hereby give my consent to any necessary medical treatment, and authorise the person appointed in loco parentis to sign any document required by the medical authorities. I also consent to my dependant participating in drug testing procedures and, if asked, providing a urine sample under observation for analysis at an accredited laboratory. I confirm that my dependant is medically fit to take part in the event and any supporting activities on the above dates. I have listed above and medical conditions for my dependant that the organisers should be aware of.

Name of Parent / Guardian:

Parent / Guardian Telephone Numbers

Signature:

Mobile:

Date:

Home: