

# 47<sup>th</sup> AUSTRALIAN CHERUB CHAMPIONSHIP

28<sup>th</sup> December 2009 – 7<sup>th</sup> January 2010



## Entry Form

SAIL NO

**FORWARD TO:**

The Secretary, Cherub Association of WA, 18 Southpointe Cres Ballajura, WA 6066

**PLEASE PRINT:**

**BOAT NAME** \_\_\_\_\_

**CLUB** \_\_\_\_\_

**NAME (Skipper)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**STATE** \_\_\_\_\_

**POST CODE** \_\_\_\_\_

**PHONE (H)** \_\_\_\_\_

**(Mob)** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**SHIRT SIZE** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**YA NUMBER** \_\_\_\_\_

**NAME (Crew)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**STATE** \_\_\_\_\_

**POST CODE** \_\_\_\_\_

**PHONE (H)** \_\_\_\_\_

**(Mob)** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**SHIRT SIZE** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**YA NUMBER** \_\_\_\_\_

**I WOULD LIKE TO BOOK \_\_\_\_\_ FERRY TICKETS TO ROTTNEST ISLAND FOR THE LAY DAY ON THE 5<sup>TH</sup> JANUARY 2010. PAYABLE DURING THE REGATTA FOR \$45 EACH (45% DISCOUNT)**

**WE ARE ELIGIBLE TO COMPETE FOR THE FOLLOWING TROPHIES:**

(Refer Notice of Race - Eligibility clause 5 for dates for age groups)

OPEN	[ ]	CADET	[ ]
VETERAN	[ ]	JUNIOR	[ ]
WOMAN SKIPPER	[ ]		

I agree to be bound by the rules of the Racing Rules of Sailing 2009-2012 and all other rules that govern this event.

I acknowledge and understand that the Cherub Class Owners Association of WA, the Cherub National Council of Australia, Mounts Bay Sailing Club Inc, their members, officers, officials and sponsors and all others involved in the management and conduct of this regatta shall not be liable for the loss of life or property, personal injury and/or damage to property caused by or arising out of participation in this event.

I further declare that I have current Third Party Liability Insurance in accordance with Clause 15 of the Notice of Race.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

(Owner/Helmsman)

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

(Owner/Crew)

**ENTRANTS UNDER 18 YEARS:**

As the parent/guardian of the above named entrant, I hereby consent to his/her participation in this event on the terms and conditions as outlined in the Notice of Race.

**Parent/Guardian (Helmsman) SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Parent/Guardian (Crew) SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Entry fee is \$280.00 per boat. Pay by cheque, money order or EFT.**

**Bank Details:**

**Please use sail number as reference**

**Cherub Association of WA**

**BSB: 306-074**

**ACCOUNT NUMBER: 415860-2**

**NOTE: All cheques/money orders to be made out to “Cherub Association of WA”**

**ENTRIES CLOSE – 29<sup>th</sup> November 2009. Late entry fee of \$50 applies after this date.**

**NO ENTRY WILL BE ACCEPTED UNLESS FULL PAYMENT AND A COPY OF THE BOATS THIRD PARTY LIABILITY INSURANCE CERTIFICATE IS ENCLOSED**

47<sup>th</sup> CHERUB NATIONAL CHAMPIONSHIPS 2009/2010  
MEDICAL AND EMERGENCY INFORMATION

(Separate Form for Skipper and Crew – Please Fill in Relevant Sections)

Boat Number: ..... Boat Name: .....  
Name: .....  
DOB: \_\_\_/\_\_\_/\_\_\_\_\_  
Address: .....  
AYF Number: .....  
Club: .....

NEXT OF KIN/EMERGENCY CONTACT (Please provide two)

Name and relationship to you: .....  
Home Ph: .....Work Ph: .....  
Mobile: .....

Name and relationship to you: .....  
Home Ph: .....Work Ph: .....  
Mobile: .....

MEDICAL DETAILS:

Do you suffer with any medical condition? Yes / No  
If Yes please provide details, including medication

.....  
.....  
.....

Do you have any relevant past medical or surgical history? Yes / No  
If Yes please provide details

.....

.....  
.....

Do you have any allergies? Yes / No  
If Yes please provide details, including treatment if necessary

.....  
.....  
.....

Are you currently taking any medication? Yes / No

Medication Name: .....Dose: .....  
Time taken: .....  
Medication Name: .....Dose: .....  
Time taken: .....

Do you have any dietary restrictions? Please state Yes / No

**EMERGENCY CONSENT:**

In the event of an emergency, I authorise the nominated first aid officer to  
arrange any medical or dental  
Treatment required, including the calling of an ambulance.

**PRIVACY CONSENT:**

I authorise for the nominated first aid officer to release any of the above medical  
information to emergency personnel or other relevant allied health professionals.

Signature: .....  
Date: .....

Parent Signature: .....  
Date: .....( If under 18 )